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ACTIVITIES OF THE HOUSE SELECT COMMITTEE ON AGING IN THE 101ST CONGRESS

A REPORT

PRESENTED BY

THE CHAIRMAN

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

DECEMBER 1990

DECEMBER 20, 1990.—Committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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House of Representatives,
Select Committee on Aging,
Washington, DC, December 20, 1990.

Hon. Donnald K. Anderson,
Clerk, U.S. House of Representatives,
H 105 Capitol, Washington, DC.

Dear Mr. Anderson: Pursuant to Rules X and XI of the U.S. House of Representatives, enclosed is the report of the activities of the Select Committee on Aging during the 101st Congress.

Sincerely,

Edward R. Roybal, *Chairman.*

PREFACE

The 101st Congress was a very productive one for the House Select Committee on Aging. Through its many activities, such as hearings, briefings and reports, the Committee continued to be a strong voice in Congress on behalf of older Americans. Areas of particular focus for the Committee included health, employment, housing, human services and Social Security. In each of these areas, the Committee engaged in extensive efforts to identify and study specific problems affecting the elderly, and to develop and recommend comprehensive solutions to these problems. The Committee continued to pay special attention to the problems of those older Americans who are poor, disabled, minority, and women. The principal goal of the Committee in the 101st Congress was, and continues to be, to promote the implementation of policies to improve the overall quality of life of the growing numbers of older Americans, and to work to insure that this vulnerable population will not be without adequate health care, income, job opportunities, housing, and other basic necessities of life.

This report provides a detailed review of the activities of the Select Committee, and its four subcommittees, in the 101st Congress. This report is also intended to inform Members of Congress, Congressional staff and the general public, as to the significant and complex issues still confronting this nation's elderly, and of the importance of developing solutions for the future.

As the number of older Americans increases as we enter the next century, addressing the needs and concerns of the elderly will become ever more important to the economic and social future of this nation. In the coming Congress, the House Select Committee on Aging will remain in the forefront of this critical effort.

EDWARD R. ROYBAL, *Chairman.*

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Mr. Roybal, from the Select Committee on Aging, submitted the following

REPORT

PART I—INTRODUCTION

I. Background History and Committee Responsibilities

The Permanent Select Committee on Aging was established on October 2, 1974 when the amendment to H. Res. 988, the Committee Reform Amendments of 1974, was adopted by the House. The amendment was subsequently incorporated in the Rules of the House of Representatives as Rule X 6(i), which reads as follows:

> (i) There shall be in the House the permanent Select Committee on Aging, which shall not have legislative jurisdiction but which shall have jurisdiction:
>
> > (1) to conduct a continuing comprehensive study and review of the problems of the older American, including but not limited to income maintenance, housing, health (including medical research), welfare, employment, education, recreation, and participation in family and community life as self-respecting citizens;
> >
> > (2) to study the use of all practical means and methods of encouraging the development of public and private programs and policies which will assist the older American in taking a full part in national life and which will encourage the utilization of the knowledge, skills, special aptitudes, and abilities of older Americans to contribute to a better quality of life for all Americans;

(3) to develop policies that would encourage the coordination of both governmental and private programs designed to deal with problems of aging; and

(4) to review any recommendations made by the President or by the White House Conference on Aging relating to programs or policies affecting older Americans.

The Honorable William J. Randall of Missouri was appointed the first chairman of the new Select Committee on Aging by Speaker Carl Albert on February 6, 1975.

The Honorable Claude Pepper succeeded as chairman on January 17, 1977, appointed by Speaker Thomas P. O'Neill, Jr.

The Honorable Edward R. Roybal succeeded Congressman Pepper as chairman in January 1983, also appointed by Speaker O'Neill.

Since it actually began operation in 1975, the Committee has been in the forefront of Congress' examination of those issues of concern to older Americans. The Committee has taken a leading role in focusing attention on those critical issues having a fundamental and pervasive impact on the health, welfare, employment and financial security of this nation's elderly. Pursuant to its Congressional mandate, the Committee is primarily an investigative committee, and specifically has no legislative jurisdiction. However, the Committee can, and does, make recommendations to appropriate committees of the House on legislative concepts that it has developed through its investigative process. Because of its unique mandate, the Committee has the ability to provide oversight, strategic planning and cooperative efforts on aging issues. The Committee has acted as a catalyst in the development of legislation and the promotion of federal administrative agency initiatives. Furthermore, the Chairman and Members of the Committee have sponsored legislation and appeared before committees of the House and Senate to urge review of important legislation relating to aging and aging issues.

II. Committee Service Functions to Members and the Public

The Committee and its staff provide extensive information and public service functions to the general public, and Committee Members and their personal staffs. The Committee, in recognition of the importance of educating the public regarding the special problems, needs and concerns of the elderly, engages in a wide dissemination of information on a number of topics of importance to the elderly. In addition, as the Committee currently has the largest membership of any standing committee of the House, much staff attention is devoted to providing services to Members.

I. INFORMATION AND TECHNICAL SERVICES

The Committee is recognized as a valuable resource in providing information on aging and the elderly. In this regard, Members and Committee staff frequently participate in conferences, meetings, symposiums and other general meetings which raise, or have as their topic, issues of concern to the elderly. Committee staff also assist Member offices in the preparation of speeches, reports, information papers, and legislation concerning topics applicable to the elderly.

The Committee staff may also, in certain instances provide support to Member offices in the preparation of field and national hearings of the Committee, as well as provide relevant informational services on the topics of such hearings. In addition, Committee staff, upon request of a Member, may provide technical or other assistance for the Member regarding his or her participation in an event involving aging issues.

The Committee staff maintains an expertise in such areas as health and long-term care, housing, human services, employment, Social Security, consumer interests, retirement income, and other associated topics concerning aging and the aging process. As such, the Committee responds to numerous telephone calls, letters and other public inquiries from Member offices, the general public, universities, law firms, federal agencies and other entities which need either assistance or information from the Committee. It is estimated that the Committee responds to substantive questions on an average of 75 to 150 telephone inquiries per day. The Committee responds to large volumes of mail from members of the public, constituents of Members and other organizations which desire information from the Committee.

The Committee also assists with the preparation of source materials, prepares analyses of bills, reports on the status of legislation, and identifies issues critical to the elderly.

An integral part of the Committee's information gathering is conducted through its oversight and investigative responsibilities. Under these functions, the Committee maintains contact and reviews the operation of federal agencies with programs which concern the elderly. In this way, the Committee can determine whether Congressional directives are being observed, determine whether and to what extent new problems or issues are arising under these programs, and provide and prepare legislative recommendations on issues affecting the elderly. The Committee also works in close consultation with those other committees of the Congress that have legislative jurisdiction over programs affecting the elderly.

II. PUBLICATIONS

The Committee provides a valuable resource through its various reports, staff analyses, publications and committee prints. These documents provide extensive substantive information on the topics covered to assist Members, their staffs, interested parties and the general public on the issues involved. A typical example of a Committee publication providing such services is the annual "Federal Income Tax Guide for Older Americans," which assists Member offices and constituents in handling various tax problems particular to elderly taxpayers, and provides relevant telephone numbers for referral and other counseling services on tax matters.

III. NATIONAL AND FIELD HEARINGS

Part of the Committee's public information process is represented by both national and field hearings conducted by the Full Committee and its Subcommittees. These hearings offer Members and their staffs and opportunity to address significant questions of importance to older Americans in such diverse areas as Social Security, Medicare and Medicaid, employment and training, age discrimination, housing and human services. National hearings primarily focus on questions of general interest to the elderly. Field hearings offer members and their staffs an opportunity to obtain a wider range of views on issues, to personally meet with members of the public outside of the Washington, DC area, and discuss with them problems affecting the elderly, and to observe first hand specific problems in particular regions of the country. Committee prints from both national and field hearings provide valuable information concerning the subject matter of these hearings, and enable Members, their staffs and the general public to monitor the Committee's review and progress on issues. The Committee also holds joint hearings, frequently with committees that have legislative jurisdiction over the subject matter of the hearing, which allows the Committee to join with these other committees to effectively address issues of mutual concern.

During the 101st Congress, the Full Committee conducted and isseud: 11 national hearings, 10 field hearings: 8 joint hearings, and 8 reports. The Subcommittees also conducted and issued the following: Sub. 1—Retirement Income and Employment—8 national hearings, 2 field hearings, 2 joint hearings, 2 reports; Sub. 2—Health and Long-Term Care—3 national hearings, 5 field hearings, 1 joint hearing, 3 reports; Sub. 3—Housing and Consumer Interest—2 national hearings, 6 field hearings, 1 joint hearing, and 2 reports; Sub. 4—Human Services—8 national hearings, 3 field hearings, 2 joint hearings and 4 reports.

The Committee and its Subcommittees, in the 101st Congress, conducted a total of 32 national hearings (not including joint hearings), 26 field hearings (not including joint hearings) and 11 joint hearings, and issued 19 reports, bringing the total number of hearings and publications to 88.

III. COMPLETE MEMBERSHIP OF THE FULL COMMITTEE 101ST CONGRESS

SELECT COMMITTEE ON AGING

EDWARD R. ROYBAL, California, *Chairman*

CLAUDE PEPPER, Florida
THOMAS J. DOWNEY, New York
JAMES J FLORIO, New Jersey
HAROLD E. FORD, Tennessee
WILLIAM J. HUGHES, New Jersey
MARILYN LLOYD, Tennessee
MARY ROSE OAKAR, Ohio
THOMAS A. LUKEN, Ohio
BEVERLY B. BYRON, Maryland
HENRY A. WAXMAN, California
MIKE SYNAR, Oklahoma
BUTLER DERRICK, South Carolina
BRUCE F. VENTO, Minnesota
BARNEY FRANK, Massachusetts
TOM LANTOS, California
RON WYDEN, Oregon
GEORGE W. CROCKETT, Jr., Michigan
IKE SKELTON, Missouri
DENNIS M. HERTEL, Michigan
ROBERT A. BORSKI, Pennsylvania
BEN ERDREICH, Alabama
NORMAN SISISKY, Virginia
ROBERT E. WISE, Jr., West Virginia
BILL RICHARDSON, New Mexico
HAROLD L. VOLKMER, Missouri
BART GORDON, Tennessee
THOMAS J. MANTON, New York
RICHARD H. STALLINGS, Idaho
JAMES McCLURE CLARKE, North Carolina
JOSEPH P. KENNEDY II, Massachusetts
LOUISE McINTOSH SLAUGHTER, New York
JAMES H. BILBRAY, Nevada
JIM JONTZ, Indiana
JERRY F. COSTELLO, Illinois
HARLEY O. STAGGERS, Jr., West Virginia
FRANK PALLONE, Jr., New Jersey
JOLENE UNSOELD, Washington
PETER A. DeFAZIO, Oregon
JOHN LEWIS, Georgia
WAYNE OWENS, Utah

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RALPH REGULA, Ohio
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JIM COURTER, New Jersey
CLAUDINE SCHNEIDER, Rhode Island
THOMAS J. RIDGE, Pennsylvania
CHRISTOPHER H. SMITH, New Jersey
SHERWOOD L. BOEHLERT, New York
JIM SAXTON, New Jersey
HELEN DELICH BENTLEY, Maryland
JIM LIGHTFOOT, Iowa
HARRIS W. FAWELL, Illinois
JAN MEYERS, Kansas
BEN BLAZ, Guam
PAUL B. HENRY, Michigan
BILL SCHUETTE, Michigan
FLOYD SPENCE, South Carolina
WILLIAM F. CLINGER, Jr., Pennsylvania
CONSTANCE A. MORELLA, Maryland
PATRICIA F. SAIKI, Hawaii
JOHN EDWARD PORTER, Illinois
JOHN J. DUNCAN, Jr., Tennessee
CLIFF STEARNS, Florida
CRAIG T. JAMES, Florida

IV. MEMBERSHIP OF THE SUBCOMMITTEES AND TASK FORCES 101ST CONGRESS (DECEMBER 1990)

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RETIREMENT INCOME AND EMPLOYMENT

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HAROLD L. VOLKMER, Missouri
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RICHARD H. STALLINGS, Idaho
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NORMAN D. SHUMWAY, California
JAN MEYERS, Kansas
BILL SCHUETTE, Michigan
FLOYD SPENCE, South Carolina
JOHN EDWARD PORTER, Illinois
CLIFF STEARNS, Florida
CRAIG T. JAMES, Florida
MATTHEW J. RINALDO, New Jersey
Ex Officio

HEALTH AND LONG-TERM CARE

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MARY ROSE OAKAR, Ohio
THOMAS A. LUKEN, Ohio
HENRY A. WAXMAN, California
MIKE SYNAR, Oklahoma
BUTLER DERRICK, South Carolina
BRUCE F. VENTO, Minnesota
BARNEY FRANK, Massachusetts
RON WYDEN, Oregon
IKE SKELTON, Missouri
DENNIS M. HERTEL, Michigan
ROBERT A. BORSKI, Pennsylvania
BEN ERDREICH, Alabama
NORMAN SISISKY, Virginia
ROBERT E. WISE, JR., West Virginia
BILL RICHARDSON, New Mexico
WAYNE OWENS, Utah

RALPH REGULA, Ohio, *Ranking Minority Member*
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CLAUDINE SCHNEIDER, Rhode Island
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CHRISTOPHER H. SMITH, New Jersey
SHERWOOD L. BOEHLERT, New York
JIM SAXTON, New Jersey
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JIM LIGHTFOOT, Iowa
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JIM COURTER, New Jersey, *Ranking Minority Member*
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HARRIS W. FAWELL, Illinois
BILL SCHUETTE, Michigan
PATRICIA F. SAIKI, Hawaii
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CRAIG T. JAMES, Florida
MATTHEW J. RINALDO, New Jersey
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HUMAN SERVICES

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LOUISE M. SLAUGHTER, New York
HARLEY O. STAGGERS, JR., West Virginia
FRANK PALLONE, JR., New Jersey
PETER A. DEFAZIO, Oregon
JOHN LEWIS, Georgia
EDWARD R. ROYBAL, California
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OLYMPIA J. SNOWE, Maine, *Ranking Minority Member*
NORMAN D. SHUMWAY, California
BEN BLAZ, Guam
FLOYD SPENCE, South Carolina
WILLIAM F. CLINGER, JR., Pennsylvania
CONSTANCE A. MORELLA, Maryland
PATRICIA F. SAIKI, Hawaii
JOHN J. DUNCAN, JR., Tennessee
MATTHEW J. RINALDO, New Jersey
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TASK FORCES OF THE SELECT COMMITTEE ON AGING

TASK FORCE ON SOCIAL SECURITY AND WOMEN

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MARILYN LLOYD, Tennessee
BARNEY FRANK, Massachusetts
THOMAS J. MANTON, New York
LOUISE McINTOSH SLAUGHTER, New York
EDWARD R. ROYBAL, California
Ex Officio

CLAUDINE SCHNEIDER, Rhode Island, *Ranking Minority Member*
OLYMPIA J. SNOWE, Maine
JIM SAXTON, New Jersey
HELEN DELICH BENTLEY, Maryland
PATRICIA F. SAIKI, Hawaii
MATTHEW J. RINALDO, New Jersey
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TASK FORCE ON THE RURAL ELDERLY

MIKE SYNAR, Oklahoma, *Chairman*
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ROBERT E. WISE, JR., West Virginia
BILL RICHARDSON, New Mexico
HAROLD L. VOLKMER, Missouri
JAMES McCLURE CLARKE, North Carolina
NORMAN SISISKY, Virginia
RICHARD H. STALLINGS, Idaho
HARLEY O. STAGGERS, JR., West Virginia
EDWARD R. ROYBAL, California
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JIM LIGHTFOOT, Iowa, *Ranking Minority Member*
NORMAN D. SHUMWAY, California
OLYMPIA J. SNOWE, Maine
THOMAS J. TAUKE, Iowa
BILL SCHUETTE, Michigan
FLOYD SPENCE, South Carolina
WILLIAM F. CLINGER, JR., Pennsylvania
MATTHEW J. RINALDO, New Jersey
Ex Officio

PART II—COMPREHENSIVE DESCRIPTION OF COMMITTEE ACTIVITIES 101ST CONGRESS

I. FULL COMMITTEE

HEALTH

Health and long-term care—full committee

During the 101st Congress, the Health Group of the Select Committee on Aging has been involved in several areas: national health plan legislation, Alzheimer's legislation, federal budget cuts, the Gramm-Rudman-Hollings Amendment and subsequent budget process changes, the rising Medicare Part B premium, out-of-pocket health care costs for the elderly, catastrophic health insurance, Medicaid expansion for the elderly and nonelderly, the financial risk of long-term care, long-term care financing legislation, care management, nursing reimbursement, the cost versus quality debate, impact of Medicare cost containment on hospital care and access to post-hospital care, health and long-term care quality (especially home, nursing home, HMO and ambulatory care), accessibility and quality of mental health care, central city and rural health care access, the rights of the terminally ill, health care needs of special populations, multi-generational equity, retiree health benefits, health and aging research, and other issue areas. Since the Chairman assumed the chairmanship of the Committee's Subcommittee on Health and Long-Term Care, there has been a coordinated effort between the activities of the full Committee's Health Group and the Subcommittee staff on issues such as long-term care, the Medicare Catastrophic Coverage Act, and the Bipartisan Commission on Comprehensive Health Care (the Pepper Commission).

Health and long-term care in the Federal budget

The Committee was involved in oversight and legislative activities related to the budget process, the impact of cost containment on the elderly's and nonelderly's access to quality health and long-term care, and the elderly's health-related financial risk and costs. In March 1989, the Committee held a hearing, "Medicare and Medicaid Budget Priorities in the 1990s," to assess the Administration's health budget priorities into the next decade. Testifying on behalf of the Administration was the Director of the Office of Management and Budget, Richard Darman.

As it has done for several years, the Committee evaluated the Administration and congressional budgets insofar as the Committee sought to limiting increases in elderly out-of-pocket costs and by preserving or extending program benefits for the elderly and nonelderly. Efforts included the release of responses to the President's budget; Committee dear colleagues and press releases opposing Medicare and Medicaid cuts; and Committee initiatives to protect health and long-term care programs from cuts and restrictive regulations.

In the second session, a major deficit reduction effort was pushed and enacted by the Administration and the Congress resulting in an overall five-year deficit reduction of nearly $500 billion. Early in that effort, a summit was held between the Administration and the Congress resulting in a proposed $60 billion cut in Medicare over five years. Through the efforts of the Chairman, Committee members and key members of Congress, this was defeated and replaced by a less onerous $40 billion cut, of which beneficiary cuts were limited to about $10 billion over five years. Though opposed by the Chairman and other Committee members, the Administration and Congress did increase Medicare beneficiary costs by raising the Medicare Part B premium in the 102d Congress and by again raising the Medicare Part B premium in both sessions of the 102d Congress. Despite the concern expressed by the Chairman and other members over the adequacy of hospital and other provider payments, the Administration and the Congress continued to make cuts in hospital and physician payments. The FY 1991-95 budget agreement cut over $30 billion from these payments.

On the positive side in the first session, the Chairman and other members of the Committee supported a $200 million increase in FY 1990 reconciliation bill for Medicaid to fund initiatives for the frail elderly, pregnant women, children, the mentally retarded and the terminally ill. The Medicaid expansion package, put together under the leadership of Chairman Waxman of the Energy and Commerce Committee's Subcommittee on Health and the Environment, was passed in the House as part of the budget reconciliation bill. In the final bill passed by Congress, the only provisions that survived were the expansion of protection to cover pregnant women and children up to 133 percent of poverty. This whole Medicaid package is part of an effort by the Chairman to push Congress to provide coverage to more of the 31-37 million uninsured Americans and to ultimately expand Medicaid to cover all poor persons.

As supported by the Chairman and other members, Congress and the Administration took steps in the second session to improve Medicaid benefits for women and children, to allow Medicaid coverage of home and community-based services, and to extend the Medicaid buy-in provision to cover Medicare Part B premiums for beneficiaries with incomes up to 120 percent of poverty. These improvements were enacted as part of the reconciliation bill for FY 1991-95.

Committee staff provided support to the Chairman with respect to those health programs under the jurisdiction of the Appropriations Committee's Subcommittee on Labor, Health and Human Services, and Education. Changes were pushed in appropriations and report language relative to elderly programs, including those for special populations such as ethnic and racial minorities, the visually impaired, the disabled, Alzheimer's victims, the mentally impaired, the rural elderly, and the poor. Program areas covered were Medicare and Medicaid research and demonstrations, National Institute on Aging research and training (including Alzheimer's and long-term care), Administration on Aging programs (long-term care, Alzheimer's), National Institute of Mental Health research and training, Medicare contractor claims processing, Medicare Health Maintenance Organizations contracts, and Health Resources and Services Administration health professional training (nurses, physicians and others).

Health and long-term care reform

In an effort to bring about needed reforms, the Committee reviewed and developed a wide range of proposals to reform Medicare and Medicaid. On the occasion of the 25th anniversary of the enactment of the Medicare and Medicaid programs, the Committee held a 1990 hearing, entitled "Medicare and Medicaid's 25th Anniversary—Much Promised, Accomplished and Left Unfinished." At the same time, the Chairman released a report by the same name which laid out the history of Medicare and Medicaid through 1990, the shortcomings of both programs, and potential future directions for reforming health and long-term care, including the Medicare and Medicaid programs.

One area of interest was the analysis and development of comprehensive health and long-term care reform legislation protecting individuals and families against the costs of catastrophic acute and long-term health care. Here, the Committee stressed the importance of considering health and long-term care reform from a multi-generational perspective. On the issue of financial access, legislative proposals were developed to serve as alternatives to the Medicare Catastrophic Coverage Act enacted in 1988 and subsequently repealed in 1989. Closely associated with the basic issue of health care access was concern over the quality of care, given the increasing pressure of cost containment. Another area of interest was improving the current system of claims review and reimbursement for nursing home and home health care. There was also interest in the use of HMOs and SHMOs by the elderly and the federal role in protecting elderly HMO enrollees. A further area of interest was the changes occurring in the health and long-term care marketplace and the impact of those changes on health care for the elderly and poor. The Committee also had an interest in private retiree health benefits and the potential loss of those benefits due to underfunding and/or termination. This latter activity was carried out as a joint activity between the full Committee's Health Group and Pension staff.

The Committee examined more broad-based changes which result in an "American" type health plan, including both health and long-term care, improving access and quality, containing health costs, and covering all generations. On November 9, 1989, the Committee held a hearing, "Building an American Health Care System—Journey Toward a Healthy and Caring America." In January 1990, a Chairman's report by the same name was released. Both the report and the hearing examined the need for comprehensive health care reform and reviewed a range of health and long-term care reform proposals, inlcuding the Canadian health care system and the Chairman's "USHealth" bill.

The Committee continued its work to develop national health and long-term care legislation to improve access, quality and cost. One result of the Committee's work was the Chairman's national health plan, the USHealth Program Act (H.R. 2980). "USHealth" is a major health care reform proposal for providing short and long-term catastrophic and basic health protection for all Americans. The legislation would upgrade the current quality assurance system. In addition, the legislation would contain health care costs at levels which are affordable in both the short and long term. Total costs would be capped at 12 percent of GNP and long-term care costs would be capped at 1.1 percent of GNP.

The Committee and its Subcommittee on Health and Long-term care have been monitoring the activities of the Bipartisan Commission on Comprehensive Care which grew out of legislation introduced by Senator Pepper and the Chairman. The Committee will continue to work on the Commission recommendations in the 102nd Congress as well as the efforts to introduce the recommendations as legislation.

With respect to catastrophic health protection, the Chairman and other Committee members indicated their opposition to outright repeal and their support for a constructive alternative. During 1989, the Committee worked to develop alternatives once it was clear that the Catastrophic Coverage Act was going to be revised or repealed. The Chairman worked with the aging groups and with the House Ways and Means and Energy and Commerce Committee to develop a range of alternatives to rescue the Act. An initial proposal was offered that would have preserved most of the Catastrophic Coverage Act's Medicare and Medicaid provisions, added long term home care as in H.R. 2263, and financed the package with the addition of the revenues from removing the wage cap from the Medicare payroll tax. When that proposal failed to receive sufficient support from the aging groups and other members of Congress, the Chairman developed other proposals without the long term home care component. While a second proposal was developed that saved the Medicaid benefits and most of the Medicare benefits and that included some nonelderly financing (e.g., the estate tax), it was withdrawn when the nonelderly financing sources ceased to be available.

The Committee's Ranking Minority Member worked actively for the elimination of the Medicare Catastrophic Coverage surtax and held a hearing of the Committee in Union, New Jersey on July 31, 1989, which was chaired by Representative Waxman, Chairman of the Energy and Commerce Committee's Health and Environment Subcommittee. That was the first hearing held by the Committee on the specific question of repeal of the law and helped to contribute to congressional efforts to repeal the Medicare surtax. In the end, Congress decided to repeal the Medicare provisions, including the surtax, but retain the Medicaid provisions.

As for long-term care legislation, Senator Pepper and the Chairman reintroduced and pushed the Pepper/Roybal long term care bill (H.R. 2263; formerly H.R. 3436/2762, which greatly expands home care coverage under Medicare for both elderly and children. Both Senator Pepper and the Chairman emphasized the need to move forward on long-term care legislation and that long term home care was an essential element of any comprehensive long-term care proposal. Most of this bill was drawn from one of the Chairman's earlier proposals for reforming the Medicare Catastrophic Coverage Act.

Further, the Chairman joined with Senator Kennedy in 1990 to introduce a major piece of legislation addressing the need for expanded coverage of nursing home, in-home services and other long-term care services. "The Lifecare Long-Term Care Protection Act" (H.R. 4093) provided long-term care protection and quality assurance to Americans of all ages. Though the original bill did not include a financing merchanism, the Chairman laid out the financing mechanisms he would use to finance such a long-term care package. The bill incorporated many of the components of H.R. 2263 and went further to develop a full and flexible package of long-term care services (including nursing home care, adult day care, personal care) and a strong cost containment program.

Another approach to long-term care is embodied in legislation reintroduced by the Committee's Ranking Minority Member, Mr. Rinaldo. On November 8, 1989, he reintroduced his long-term care bill (H.R. 3621) with the cosponsorship of the Chairman of the Committee. This bill, the Older Americans Long-term Care Insurance Act, would establish a public-private partnership to provide extended nursing home and home health care insurance through the private sector to needy Americans. It was this legislation that formed the basis of the substitute legislation considered on the House floor in 1987 that garnered 190 bipartisan votes.

Health and long-term care related financial risk

The Committee provided analyses of the financial risk facing the elderly and pursued legislation which will constrain the out-of-pocket costs for the elderly as well as for federal and state governments. As one example, the Committee continued its efforts to hold down increases in the Medicare Part B premium and to retain protection against impoverishment of the spouse of Medicaid nursing home residents.

In March 1989, the Committee released an updated study of elderly out-of-pocket health care costs. Conducted by the Committee staff, the study and the resulting Chairman's report, "Health Care Costs for America's Elderly, 1977-1988," is based upon other studies conducted by the Health Care Financing Administration (HCFA) and information supplied by HCFA and the Census Bureau. For 1990, the Committee staff conducted a second study and the Chairman released the resulting report, "Emptying the Elderly's Pocketbook—Growing Impact of Rising Health Care Costs." This latter study examined income and health care cost trends and their expected impact on America's elderly.

Health and long-term care quality and accessibility

Given that there continues to be increasing pressure to contain Medicare and Medicaid costs, the Committee has been monitoring the impact that cost containment has on both health care quality and access. Two areas of interest included: 1) the problem of declining hospital "profit" margins and their impact on the quality, financial viability and accessibility for low income persons, and 2) the impact of cost containment on accessibility to physician, nursing home and home health services. The Committee conducted oversight on the Administration's actions to cut Medicare and Medicaid and focused on those changes which would negatively affect access and quality.

The Chairman pressed for legislation to monitor the impact of cost containment and to improve the Medicare quality assurance system by making improvements such as increased consumer input, more emphasis on quality assurance (and less on cost containment), and the inclusion of non-hospital providers. During 1990, the Chairman continued development of legislation, the "American Quality Assurance Act (AQUA)," to be introduced in the 102nd Congress and which would comprehensively reform the system for assuring the quality of health and long-term care services.

With respect to access to hospital care for the medically indigent, the Committee examined how well non-profit, tax-exempt hospitals are doing in meeting their obligation to provide charity care. At the request of the Chairman, the General Accounting Office conducted a study, "Nonprofit Hospitals—Better Standards Needed for Tax Exemption," indicating that nonprofit hospitals as a whole are providing sufficient amounts of charity care but that many individual hospitals are not. In June 1990, the Committee held a hearing, "Hospital Charity Care and Tax Exempt Status," on the issue. Shortly thereafter, the Chairman introduced the "Charity Care and Hospital Tax-Exempt Status Reform Act" (H.R. 5686) to require tax-exempt hospitals to provide a fair amount of charity care.

The Committee also examined the health person-power issues facing an aging America. The first focus of the Committee was on the nursing shortage problem and the need to ensure an adequate supply of nurses both now and into the 21st century. As a result of these studies, the Chairman has been pushing for more funding for nurse training. The Chairman has also introduced legislation, "The Nursing Shortage and Nurse Reimbursement Incentive Act (H.R. 1140)," to expand Medicare and Medicaid nursing reimbursement for clinical nurse specialists, including nurse practitioners, nurse mid-wives, and nurse anesthetists. In the Omnibus Budget Reconciliation Act of 1989, Medicare coverage was extended to nurse practitioners and clinical nurse specialists in nursing facilities. The 1990 Reconciliation Act extended direct reimbursement to nurse practitioners in rural areas as well.

In the area of long-term care personnel, the Committee worked to obtain funding for initiatives for nursing home and home health aides. Under public health special projects, $3.3 million in funding was provided to train paraprofessional nursing personnel in long-term care settings. In a related provision, demonstration funding of $1 million was obtained for training disadvantaged youth to be geriatric nursing home and home health aides.

Over the years, Medicare beneficiaries have had problems getting their questions answered and their problems resolved with respect to Medicare and Medicaid. In 1990, the Chairman joined with Representatives Waxman, Rinaldo and Regula to introduce the

"Medicare Beneficiary Assistance Act (H.R. 5517)" to require the Department of Health and Human Services to provide assistance to Medicare beneficiaries with respect to Medicare, linkages to Medicaid, and basic information on Medigap insurance policies. This bill was enacted into law as part of the 1990 Omnibus Budget Reconciliation Act. At the same time, a major reform of the private Medigap insurance industry was included in the reconciliation bill. The Chairman, through his introduction of a medigap insurance reform bill (see Subcommittee on Health and Long-Term Care) and other efforts, was instrumental in ensuring that there was a tightening up of the private Medigap insurance industry.

Alzheimer's and mental health

The Committee pressed for changes that would increase research on Alzheimer's disease and related disorders and provide assistance to Alzheimer's victims and their caregivers. As part of that strategy, the Chairman, with the support of the national Alzheimer's Association, Chairman Stark, Waxman, and Downey introduced and pushed the "Comprehensive Alzheimer's Assistance, Research and Education Act (CARE)" (H.R. 1490). In 1989, a Senate companion bill was introduced by Senators Pressler, Hatfield, D'Amato and Cochran. CARE would establish a National Alzheimer's Education Program, fund State Alzheimer's Programs in each State, and expand Alzheimer's research to a $500 million authorization. For fiscal year 1990, the Chairman obtained an additional $10 million for Alzheimer's research. In March 1989, the Committee held a hearing, "Caring for America's Alzheimer's Victims," to examine the status of federally funded Alzheimer's research and to consider the need for an expanded federal commitment to Alzheimer's research and family assistance.

In April 1990, the Committee and the Senate Labor and Human Resource Committee's Subcommittee on Aging held a joint hearing, "Alzheimer's—The Unmet Challenge for Research and Care." As a result of that hearing and other efforts, the Chairman and a bipartisan, House-Senate coalition introduced a new Alzheimer's CARE bill (H.R. 4770; S. 2602). This latter bill was similar to H.R. 1490 but also included several provisions reauthorizing Alzheimer's related legislation passed in the 99th Congress. Joining with the Chairman and the other sponsors of H.R. 1490 to introduce the new CARE bill were Representatives Snowe, Rinaldo, Regula and Bruce and Senators Metzenbaum, Grassley and Graham. In addition, Representatives Bruce, Waxman and Roybal introduced H.R. 5112 to re-authorize the State Alzheimer's grants first authorized in 1987. At the end of 1990, an expanded version of H.R. 5112 was passed which included the State grants and expanded research programs. Also at the end of 1990, the research appropriations for Alzheimer's related research was increased from $148 million for 1990 to $247 million for 1991.

In the area of mental health, the Chairman introduced an elderly mental health initiative, "The Mental Health and Aging Act (H.R. 111)," which includes changes in the Medicare and Medicaid programs, increases in research funding, increases in funding for community mental health centers and improvements in training program funding. In the Omnibus Budget Reconciliation Act of

1989, several changes similar to those in H.R. 111, were enacted into law. Medicare will now cover clinical psychologists and clinical social workers and will no longer have a dollar limit on the Part B outpatient mental health benefit. The Committee has also examined the special problems facing elderly nursing home residents with mental health problems. In August 1989, the Committee held a hearing, "Mental Health in Nursing Homes: Barriers and Solutions," which examined the special problems facing nursing home residents and considered various policy changes which would improve nursing home resident access to mental health care.

Within the FY 1991 appropriations bill, the Chairman obtained increased funding for the National Institute on Mental Health for a range of research efforts and for clinical training. The Chairman also put in language to encourage the National Institute on Mental Health to establish a National Mental Health Education Program.

Aging research

In the general area of aging research, the Chairman joined with Senator Harkin to introduce the "Independence for Older Americans Act (H.R. 4863)." As noted earlier, the provision for a Task Force on Aging Research and the Pepper Independence Research Centers were authorized as part of H.R. 5112. For FY 1991, research funds appropriated for the National Institute on Aging were increased generally by about $85 million. Special initiatives pushed by the Chairman included research on the frail elderly, the health and retirement survey, geriatric research and training, and research on the oldest old.

Special populations

In conjunction with the Special Populations staff, the Committee health staff have conducted activities to address the special health problems and needs of certain segments of the elderly and the poor and near poor. These special populations include women, racial and ethnic minorities, the deaf, the blind, Alzheimer's victims, the mentally ill, rural and central city residents, and the terminally ill. As part of its efforts to address the health related problems of special populations, the Committee examined the accessibility, quality and cost problems faced by subgroups of the elderly and nonelderly. For example, during 1990, the Chairman began a new initiative related to improving how the health and long-term care system responds to the special problems of people living in central cities. In addition to work on authorizing legislation, much of the Committee's work on Health and Human Services appropriations relates to the needs of special elderly populations.

Early in the second session, the Committee held a hearing, "In Poor Health: The Federal Commitment to Vulnerable Americans," to examine the direction and extent of current and future commitments to the most vulnerable of Americans. Dr. Louis Sullivan, Secretary of the Department of Health and Human Services, represented the Administration and laid out its plans for addressing these special populations.

In addition to legislative initiatives for Alzheimer's victims and people needing mental health care, the Chairman pushed for other special population legislation. With respect to improving health personnel to serve disadvantaged persons, especially racial and ethnic minorities, the Chairman was an original cosponsor with Representative Richardson of the "Hispanic Health Parity Act (H.R. 4980). This bill was made part of a "Disadvantaged Minority Health Initiative" (H.R. 5702) which was enacted into law. The final bill included a provision to establish Hispanic Centers of Excellence for training Hispanic health professionals. In the FY 1991 appropriations bill, the Chairman worked to obtain $20 million to fund Hispanic Centers of Excellence, Native American Centers of Excellence, grants for scholarships, loan repayment for faculty services, grants to State and community-based organizations for scholarships, data collection on minority health, and health services for public housing residents.

As another example, the Chairman introduced the "National Rural Health Care Act (H.R. 950)" which expands Medicaid to cover the poor, creates a new class of providers called a "MedCAF," expands insurance deductibility for small businesses and farmers, expands funding for training programs and community and migrant health centers, adjusts provider payments to reflect the "cost-of-doing-business" in rural communities, expands Medicare and Medicaid direct reimbursement to include nurse specialists, and provides funds for new medical practices. The final budget reconciliation bill contains a program of "Primary Care Hospitals" which is very similar to the Chairman's MedCAF proposal. Also, the bill allows for payment of outpatient primary care provided by a rural hospital.

Congressional and constituent activities

Under its mandate to assist Congress and the elderly, the Committee Chairman and staff provided a substantial amount of technical assistance, conducted oversight of the Administration on elderly health care programs, conducted education programs on health related issues affecting the elderly and nonelderly, and served as speakers at major meetings.

Media

Throughout the 101st Congress, there have been numerous newspaper and journal articles on the Chairman and the Committee. These articles have covered Federal budget issues (especially for Medicare and Medicaid), rising out-of-pocket health care costs, the risk of long-term care induced impoverishment, the need for long-term care protection catastrophic health insurance, quality of care (home, nursing home, ambulatory care, HMOs and hospitals), the need for Alzheimer's research and family assistance, the need for aging-related research, the requirements for charity care for tax-exempt hospitals, and the need for protection for the uninsured and underinsured (including the Chairman's "USHealth" legislation. Over the same period, the Committee received radio/television coverage on a range of health and long-term care issues.

EMPLOYMENT

The Committee's primary objective in the employment area has been to promote policies which provide the elderly with the flexibility to choose between employment, training or retirement without experiencing financial hardship. Major areas of focus have included: the lack of employment and job training opportunities for older workers, and disincentives to continued employment; age discrimination in employment; the problems experienced by displaced and disadvantaged older workers; the additional employment problems faced by the elderly poor, minorities, and women; alternative work opportunities; federal employment and training programs such as the Job Training Partnership Act and the Senior Community Service Employment Program; public and private pension systems; and the relationship between labor market forces and employment/retirement decisions.

A particular area of interest for the Committee during the 101st Congress was the growing problem of age discrimination in the workplace, and the enforcement of the federal law protecting older workers from discrimination, the Age Discrimination in Employment Act.

Age discrimination—employee benefits/pensions

In the 101st Congress, much of the Committee's attention was focused on the impact of a decision by the U.S. Supreme Court on June 23, 1989 which significantly limited the scope of the Age Discrimination in Employment Act (ADEA). In *Public Employees Retirement System of Ohio* v. *Betts*, 109 S.Ct. 2854 (1989), the Supreme Court essentially eliminated the applicability of the ADEA to employee benefits, thereby overturning twenty years of federal agency and lower court interpretations of the ADEA. The result of the *Betts* decision was to subject older workers to possible arbitrary age discrimination in the provision of such key employee benefits as health, life insurance, and disability benefits.

In response to the *Betts* decision, the Chairman of the Committee, on August 4, 1989 introduced H.R. 3200, the Older Workers Benefit Protection Act, which restored the pre-*Betts* law, and made it clear that arbitrary age discrimination is unlawful not only with regard to hiring, firing, promotions, demotions and wages, but also in the critical area of employee benefits. The Committee also held a joint hearing on September 21, 1989 with two House Education and Labor subcommittees on the effects of the *Betts* decision, and legislative proposals to remedy the decision. Representatives from the Equal Employment Opportunity Commission (EEOC), the federal agency responsible for enforcing the ADEA, and representatives from aging groups, and the business community testified.

H.R. 3200 was approved with amendments by the House Education and Labor Committee on April 4, 1990, and formally reported to the full House of Representatives on August 3, 1990. As amended by the Committee, the bill also protected older workers from unknowing and involuntary waivers of their ADEA rights. The Senate companion bill to H.R. 3200, S. 1511, was approved with amendments by the Senate Labor and Human Resources Committee on February 28, 1990 and reported to the full Senate on April 5, 1990. Although the Senate bill was identical to the House bill on introduction, differences developed as each bill moved through its respective committees of jurisdiction. The Senate passed a compromise version of S. 1511 on September 24, 1990 by a vote of 94 to 1.

The House subsequently passed the Senate compromise on October 3, 1990 by a vote of 406 to 17. The President signed the bill on October 16, 1990, and it became Public Law 101-433.

Public Law 101-433, although compromise legislation, retains the basic intent of H.R. 3200, making it clear that the ADEA prohibits arbitrary age discrimination with regard to employee benefits.

Age discrimination—waivers of rights

During the 101st Congress, the Committee comprehensively reviewed the issue of the validity of an older employee's waiver or release of rights under the ADEA. During the first session of the 101st Congress, a hearing was held on this issue, and a legislative proposal was introduced and moved through the House committee of relevant jurisdiction. Specifically, the Aging Committee held a joint hearing with the House Education and Labor Subcommittee on Employment Opportunities on waivers on April 18, 1989. In addition, on March 15, 1989, the Chairman of the Committee joined Education and Labor Committee Chairman Hawkins in introducing the Age Discrimination in Employment Waiver Protection Act of 1989, H.R. 1432. The principal purpose of the legislation was to clarify the law, reassert the intent of Congress, and protect older workers from being coerced into giving up their employment rights under the ADEA. This legislation was marked-up by the full Education and Labor Committee on June 13, 1989.

The Aging Committee hearing, as well as other Congressional hearings, revealed that the restrictions in H.R. 1432 were necessary to protect older workers from unknowing waivers of their ADEA rights, particularly in such potentially coercive circumstances as plant layoffs and reductions in force. For example, some employers are currently requiring older employees to sign waivers in order to obtain severance or early retirement benefits. An older worker in this situation, because of the difficulty of finding another job at an older age, is often under considerable pressure to sign anything that will provide some form of economic cushion. In addition, such an older worker may be the victim of age discrimination, but unaware of the existence of a possible claim, or the full range of rights and remedies available under the ADEA.

The Education and Labor Committee amended H.R. 3200, the Older Workers Benefit Protection Act, with the provisions of H.R. 1432 on April 4, 1990. S. 1511, the Senate version of H.R. 3200, was also amended by the Senate Labor and Human Resources Committee with a provision restricting waivers. S. 1511 was signed into law on October 16, 1990, and is now Public Law 101-433. Public Law 101-433 does not contain all the protections of the House bill, but does have some of the basic requirements of that bill. For example, Public Law 101-433 requires that an older worker be given a period of time to consider an agreement containing a waiver, as well as the opportunity to consult with an attorney regarding the waiver.

Age discrimination—enforcement

The Committee also continued to monitor the general enforcement of the ADEA by the Equal Employment Opportunity Commission (EEOC). There has been a dramatic increase in age discrimination complaints in recent years, and the enforcement policies and procedures of the EEOC have been monitored to insure that older workers are being accorded their full employment rights. Evidence in the last Congress indicated that the EEOC was not adequately enforcing the ADEA. For example, in January 1988 the Chairman of the EEOC revealed at an Aging Committee hearing that his agency failed to process over 900 age discrimination charges in time to meet the two year statute of limitations for filing lawsuits under the ADEA, leaving a number of older workers without any legal recourse for their claims. Congress, in a bipartisan manner, moved to remedy this situation and passed the Age Discrimination Claims Assistance Act of 1988 (ADCAA), P.L. 100-283, enacted on April 7, 1988, which extended for 18 months the statute of limitations under the ADEA for those older workers with lapsed charges.

On June 26, 1990, the Aging Committee, the Committee on Education and Labor, and the Subcommittee on Employment Opportunities, asked the General Accounting Office (GAO) to investigate the current status of lapsed charges at the EEOC.

Upon the request of the GAO, the EEOC subsequently conducted a review of its age discrimination charges, and found that 2,801 additional charges had lapsed since the enactment of ADCAA in which individual rights were lost. The charges were not remedied by the ADCAA as they lapsed on or after ADCAA's enactment date. A substantial number of these new lapsed charges were filed with state and local fair employment practices agencies. The GAO issued a letter on October 5, 1990 summarizing the information provided by EEOC.

While the EEOC reported that it had instituted procedures to help prevent this situation from occurring in the future, it acknowledged that something had to be done to help these additional older workers with lapsed charges. The EEOC, on October 4, 1990, issued a letter of support for proposed legislation to extend the ADCAA.

On October 4, 1990, the Chairman of the Aging Committee introduced H.R. 5794, the Age Discrimination Claims Assistance Amendments of 1990. This legislation was basically an extension of the ADCAA of 1988. It gave those older workers with lapsed age discrimination charges up to an additional 15 months to bring their claims to court. This legislation was passed by the House on October 11, 1990, and by the Senate on October 19, 1990. It was signed into law on November 3, 1990, and is now Public Law 101-504.

Age discrimination—mandatory retirement

The Committee continued to examine rules and policies which mandate the retirement of an older worker simply on the basis of age. Although mandatory retirement was eliminated for most professions through amendments to the ADEA in 1986, some exceptions remain. Of particular interest to the Committee was the Federal Aviation Administration's (FAA) "age 60 rule" which prohibits pilots over the age of 60 from flying commercial airliners of more than thirty passengers. On the request of the Chairman of the Committee, the General Accounting Office (GAO) reviewed the thirty year history of the rule, and issued a report in December 1989. Information in the GAO report highlighted the arbitrariness of the rule, showing for example, that while the FAA prohibited pilots over the age of 60 in perfect health from flying commercial airliners, it had allowed a number of pilots under the age of 60 to continue flying despite the existence of a history of serious medical conditions.

Employment and training programs for older workers

During the 101st Congress the Committee continued to engage in efforts to address the employment and training needs and concerns of the older workforce. Of particular concern to the Committee were the federal employment and job training programs for the elderly, specifically the three percent set-aside program for disadvantaged older workers under Title II-A of the Job Training Partnership Act, and the Senior Community Service Employment Program for Older Americans, authorized under Title V of the Older Americans Act.

In the first session, Congress began consideration of major amendments to the Job Training Partnership Act (JTPA), and its training programs for disadvantaged workers. The proposed revisions were designed to refocus the program to insure that job training is provided to those who are most in need. However, initial legislative proposals would not have maintained the three percent set-aside for older workers. The apparent rationale for this change was that the three percent set-aside funds were not being fully spent. Advocates for the elderly, and a General Accounting Office report, did not support this contention.

The Committee closely monitored efforts to amend the JTPA, and worked to insure that any restructuring of the JTPA included a component that provided adequately funded training services to the elderly. For example, the Chairman of the Aging Committee sent a letter to the Chairman of the Education and Labor Committee stating the need for an older worker training program under the JTPA. In addition, the Chairman made a floor statement during House floor consideration of the JTPA amendments again emphasizing the importance of an older worker training program.

The House passed the JTPA amendments, H.R. 2039, on September 28, 1990, with an older worker training component. The Senate was unable to complete action on the S. 543, the principal Senate JTPA legislation, and as a result no final JTPA legislative action was completed prior to adjournment of the 101st Congress. The Committee intends to continue to take an active role in the consideration of any JTPA legislation in the 102nd Congress.

The Committee also closely monitored funding for the Senior Community Service Employment Program (SCSEP). The SCSEP provides part-time community service work opportunities for older, unemployed low income persons. Of particular interest to the Committee during the 101st Congress was the projected impact of the increase in the federal minimum wage on the SCSEP. SCSEP participants are paid no less than the Federal or State minimum wage or the local prevailing rate of pay for similar employment, whichever is higher. The Committee was concerned that, given the minimum wage increase, funding levels for FY 1990 and 1991 would not be adequate to maintain current levels of SCSEP operations. The Chairman of the Committee, in both the first and second sessions of the 101st Congress, asked the Congressional Budget Office (CBO) to specifically examine the impact of the minimum wage increase on the SCSEP, and its relation to the SCSEP appropriations levels for FY 1990 and 1991. The CBO estimated that without significant funding increases, a number of seniors would lose their SCSEP funded community service jobs. As a result, the Chairman, as a member of the House Appropriations Committee, advocated for higher funding levels for the SCSEP to make up for the projected substantial funding short falls estimated by the CBO. Congress approved a significant funding increase for the SCSEP for FY 1991.

Pensions

The Committee continued to monitor proposals in the area of pension reform. Limitations on pension reversions, and the need for pension portability, are two priority areas of the Committee. Past hearings of the Committee have revealed the serious problems to older workers posed by pension terminations and reversions. In past years the Committee has worked for the passage of legislation to put a temporary moratorium on reversions, or to otherwise restrict the ability of employers to terminate pension plans, and legislation requiring excess assets from pension funds to be distributed proportionately to employees of the terminated plan. Pension portability, permitting workers to carry pension credits from one job to another, was also subject of past legislative efforts of the Committee. The Committee intends to continue to closely follow similar pension reform efforts in the coming Congress.

SOCIAL SECURITY

In the area of Social Security, the Committee continued to work to insure the financial integrity and viability of the Social Security system in general, the Social Security Administration (SSA), and the programs administered under the Social Security Act. In particular, the Committee focused on efforts to improve the SSA's operations, and reform of the Old-Age and Survivors Insurance program (OASI), the Disability Insurance program (DI), and the Supplemental Security Income program (SSI). Some areas of concentration included the following:

Social Security trust funds—financing

The full Committee held a joint hearing with the Subcommittee on Retirement Income and Employment on February 28, 1990, entitled "Returning Social Security to Pay-As-You-Go Financing: Impact on Benefits and the Federal Budget Deficit." The principal purpose of the hearing was to review recent Congressional proposals to restructure the financing system of Social Security. The hearing focused on the proposals to reduce the Social Security payroll tax and return the Social Security trust funds to a pay-as-you-go system of financing. The hearing included various experts on the Social Security financing system, and the budget.

Quality of service provided by the Social Security Administration

In the 101st Congress, the Committee focused much of its attention on the quality of service being provided by the Social Security

Administration. Committee hearings revealed that substantial staff cuts incurred by the agency during the 1980's, in conjunction with various operational changes which have emphasized less face-to-face service, have had a detrimental effect on SSA's service delivery. Of particular concern to the Committee was the impact of these changes on those elderly who are most vulnerable, and perhaps most in need of SSA services, including the poor and illiterate, the homeless, individuals living in rural areas, the mentally and physically impaired, and the non-English speaking. At a Committee hearing in the first session, for example, testimony was received from SSA employees expressing concern about SSA's institution of a national 1-800 teleservice number for inquiries and the difficulties that this change posed for various groups with special needs.

Supplemental security income

The Supplemental Security Income program provides basic assistance to some of this nation's neediest individuals, and has continued to be of central concern to the Committee. Specifically, in the 101st Congress, the Committee continued to pursue reform of the SSI program so that it adequately serves the growing number of needy poor. In conjunction with this general goal, the Chairman introduced H.R. 360, the "SSI Asset Reform Act of 1989", and H.R. 361, the "SSI Benefit Level Reform Act of 1989". H.R. 360 would raise the SSI asset resource limit, and H.R. 361 would raise the Federal SSI benefit payment. The Committee also monitored the status of SSA's outreach efforts with regard to the SSI program. The Committee reviewed current measures being undertaken by SSA to notify individuals who are potentially SSI eligible of the existence and requirements of the program. The Committee, in particular, reviewed SSA's efforts with respect to the homeless, the illiterate, individuals living in rural areas, the mentally and physically disabled, and the non-English speaking.

The full Committee held a joint hearing with the Subcommittee on Retirement Income and Employment on April 5, 1990 entitled: "Outreach in the Supplemental Security Income Program: Are the Needy Being Informed?" The purpose of the hearing was to review the status of outreach efforts in the SSI program, focusing primarily on outreach to groups with special needs. Among the witnesses who testified at the hearing were Social Security Commissioner Gwendolyn King, representatives of the General Accounting Office, representatives from various aging organizations, and advocates for the homeless. It was revealed at the hearing that up to 50 percent of those potentially eligible for the SSI program are not participating. The Chairman of the Committee also released a report at the hearing by the Inspector General of the Department of Health and Human Services (HHS), revealing a lack of adequate SSA services to the non-English speaking.

The Chairman, a member of the House Appropriations Committee, strongly advocated for funding for SSI outreach for FY 1991. Although the Administration did not recommend any funds for SSI outreach for FY 1991, the House Appropriations Committee, and subsequently the full House and Senate, voted to provide funding.

The House Appropriations Committee, in its report on the FY 1991 Labor/HHS/Education appropriations bill, also encouraged SSA to increase the number of bilingual staff in the field offices, citing the HHS Inspector General's report released at the Aging Committee's April 5, 1990 hearing.

The earnings limit

Representative Rinaldo, the Committee's Ranking Minority Member, sponsored legislation, "The Older Americans' Freedom to Work Act of 1989" (H.R. 3526) to phase out the Social Security earnings test. Rep. Rinaldo is concerned that this limit on earned income denies Social Security benefits to millions of senior citizens who want to work. Legislation to repeal the earnings test has been supported by over 260 Members from both sides of the aisle.

Rep. Rinaldo believes that no person should be discouraged from striving to remain a productive part of our labor force, particularly on the basis of age. The need for mature, experienced workers is growing rapidly; yet it is Rep. Rinaldo's view that the earnings test keeps these workers out of the work place. Moreover, financial pressures on older Americans make part time, and even full time, employment a necessary supplement to Social Security benefits.

Other Social Security priorities

The Committee also continued to promote efforts to improve the accountability of SSA, and to protect the Social Security system, in general, from politically expedient decision making, and from use as a quick short-term solution to budget problems in other areas. To this end, the Chairman introduced legislation, H.R. 46, which would establish SSA as an independent agency with sole responsibility for administration of the OASDI Trust Funds, and the SSI program. Finally, the Committee continued to pursue efforts to remedy the Social Security Notch, with the introduction by the Chairman of H.R. 917.

HOUSING

During the 101st session, the Committee monitored housing legislation, housing regulations as well as safe, affordable, appropriate housing for the elderly. The Committee monitored housing options and designs for older Americans with diverse socio-economic, cultural and health needs. Primary areas of examination were: low income housing needs; alternative living arrangements for the frail and semi-independent elderly, such as congregate housing, shared housing, life care communities and home equity conversions; rural housing needs; the needs of special populations such as elderly farmworkers and federal programs such as Section 202 and Section 8, public housing, prepayment of mortgages and Farmers Home Administration programs.

Passage of the Cranston/Gonzalez National Affordable Housing Act of 1990 led to the first major housing reform in decades. The bill included major reform of many housing programs, including the first frail elderly housing legislation and major expansion of congregate housing programs for the elderly.

Early in the session attention on housing programs focused more on problems suffered during last HUD administration. However, attention gradually shifted towards reform and reauthorization.

The impact of the eight years of the previous administration which led to cut-back and mismanagement of HUD was obvious. While many programs suffered because of drastic cut backs in new construction and administration funds, others suffered because of mismanagement and abuse. While the focus in the last session was the clean-up and restructuring of HUD, some new headway was made.

The Committee held two hearings on Linking Housing and Supportive Services, both of which the new HUD administration was supportive. The Roybal "Frail Elderly Housing Bill" was reviewed at these hearings and later incorporated into the omnibus housing bill. Reform of the misused Section 236 program stirred Congressional interest, as did the tremendous backlog of Section 202 applications. Restructuring of fair market rents was another issue of concern, and legislative solutions are being sought to remedy these problems.

At the beginning of the 101st Congress, the future of elderly housing programs was uncertain. While data indicated, and continues to indicate, a sharp growth in the very old elderly and a continuous growth of the elderly population as a whole, there was, during the previous administration a steady decline in funds for elderly housing. Appropriations for HUD's subsidized housing programs decreased by more than 80% from 1978 to 1988. During that same period Farmers Home Administration programs dropped nearly 70%. Additionally, hundreds of thousands of low income units are beginning to become eligible for prepayment of their mortgages due to expiring federal contracts. The Committee helped provide oversight and assistance in developing solutions in this area, and remedies were sought through the housing bill. By the end of the 101st session the Section 202 program was refinanced, potentially granting the program its first substantial new construction increase since 1979. Additionally, the Committee held a hearing on the impact that prepayment of mortgages would have on the elderly and the homeless and a compromise solution was created in the housing bill.

The Committee is continuing its work with the Association of Farmworker Opportunity Programs (AFOP), the Housing Assistance Council (HAC), and the American Association of Retired Persons (AARP) to explore and develop housing opportunities for migrant and seasonal farmworkers. This project developed from an examination of elderly farmworker housing needs to a desire for a better understanding of their housing, health, job training, education, and social security needs. The Committee held a hearing on this issue which has led to further investigation of why this hard working population continues to be underserved by Federal programs. Legislative solutions are being sought.

The Committee continued to investigate the impact of board and care homes and the national housing stock. In light of recent investigations of the abuses in board and care homes, the Committee continues to examine current data on the problems and successes of board and care homes. The Committee reviewed various state laws regarding licensed and unlicensed homes, and examined the success of federal regulations and proposed legislation to contain current abuses. The need for more such housing in this area was also examined. Clearly, assisted living, when safely and effectively run will be essential to our population as it ages and is in increased need of services to sustain independence. For this reason a report on what to look for in an assisted living facility is being developed.

Frail elderly

The Committee held two hearings on Linking Housing and Supportive Services. H.R. 2376, "Housing for the Frail Elderly," was introduced by the Chairman after the hearing and was referred to the House Banking Subcommittee on Housing and Community Development. During the hearing, the Committee heard from Secretary Jack Kemp, and worked with the Department of Housing and Urban Development (HUD) on issues affecting the frail elderly and developing appropriate responses to this issue. The Committee worked with HUD on reform of elderly housing programs, and addressed issues such as improving public and non-profit housing by making adjustments for the frail elderly. The Committee requested that Secretary Kemp develop a Memorandum of Understanding with the Secretary of Health and Human Services to better outline the shared commitment to the elderly. The Secretary began this activity and the departments are moving ahead in housing and service proposals for both the elderly and the homeless.

During the second session of the 101st Congress, the Committee monitored the development of the housing bills, especially the elderly housing sections. Major improvements in elderly housing were made, including the incorporation of sections of H.R. 2376. The Section 202 program was restructured, creating an opening for increased funding for the construction of new housing. A service coordinator became an eligible expense for elderly housing projects serving frail elderly residents. A control information list for elderly housing projects was created, as was funding for modernization of elderly housing projects to adapt for increased frailty or modernization. New initiatives in home equity and home repair were also included in the housing bill.

Prepayment of mortgages

The expiration and prepayment of federally subsidized mortgages was of great concern to the elderly and low-income housing advocates. Estimates indicate that 350,000 units could be lost to prepayment of federally subsidized low-income housing, so that owners can maximize the value of their real estate by converting it to market-rate rentals or condominiums. It was estimated that a quarter to a half of these units were occupied by the elderly. With very little development of low-income housing in the last year as well as documentation that the country loses one million low-income units every decade, this increased loss was met with great concern by Members of the Aging Committee and Congress in general.

During the last month before Congress recessed, the Select Committee held an emergency hearing, "The New Homeless Crisis: Old and Poor In The Streets," to stress the impact a weak federal response to the problem would have on the nation. At the hearing were the following witnesses: representatives from the City of New York; the Center for Creative Non-Violence; an elderly tenant; and a housing expert, who gave advice on what action Congress needed to take before the temporary moratorium on prepayment expired.

Following the hearing, Members of the Committee wrote the conferees on the Housing bill encouraging them to accept the strongest language possible to preserve low-income housing which would have been lost to prepayment.

The final prepayment language in the Housing bill was a major compromise which will essentially keep the housing low-income by providing financial incentives for the owners.

Other housing priorities

The Committee monitored and explored concerns in the following areas: Appropriations for elderly housing new construction and service programs; Tax Code changes for the development of elderly housing; HUD and regulations effecting the development and supply of housing for the elderly; development of housing resources available to friends and family of the increasing population of frail elderly; the development of Home Equity regulations and programs; appropriations (HUD and the Farmers Home Administration) for housing programs affecting the elderly.

HUMAN SERVICES

Human service programs remained a major focal point of the Committee's activities. The objective in this area is to seek to establish appropriate community-based services which can assist older individuals to remain independent and self-sufficient. Oversight responsibilities include: the Older Americans Act (OAA) programs; food stamp and nutrition assistance; low income energy and weatherization assistance; legal services; Community Development, Community Service and Social Service Block Grants; the Older American Volunteer Programs; crimes against the elderly; intergenerational assistance issues; and issues which affect disenfranchised subpopulations of older Americans.

During the 101st Congress, particular attention was focused on the special needs of the vulnerable, low income, frail and ethnic/racial minority elderly. The Committee's activities in this area included planning and holding both Washington, D.C. and field hearings; preparing special reports, speeches and issue briefs; developing alternative policies for the Chairman and other Committee members; examining and responding to budgetary, legislative and regulatory proposals; initiating oversight and research activities; and providing technical assistance to the Congress, the public and interested organizations. In-depth examination was undertaken for the following issue areas.

Serving the elderly developmentally disabled population

The developmentally disabled (DD) elderly population is but one of the "special populations" that has fallen through the "safety net" of services over the years. Factors such as the outgoing Administration's policies toward the social services in general; the trends toward deinstitutionalization and the least restrictive environment in providing services; the public's awareness, or lack thereof, of the needs of this population and of how to deal with those needs; the lack of coordination among service providers and policy makers; and the fiscal constraints/competition experienced at all levels of government are but a few of the reasons that DD elders are in need of targeted services such as those mandated in the Older Americans Acts Amendments of 1987. It is the Committee's intent to continue to examine the special needs of this population, the challenges facing providers and policy makers in serving the older developmentally disabled person, and the statutory mandates as they presently exist.

The elderly blind

In 1985 the Committee held the first hearing on elderly blind. The hearing examined the special needs of the elderly blind. The hearing reviewed the Rehabilitations Act, Title VII (C), and the outcome of that hearing was the first appropriation for that program, which had never before been funded.

During the 101st Congress the Committee continued to review the needs of the elderly blind. The needs of the elderly blind are becoming increasingly significant as data indicates that the very old are the fastest growing population segment in the country and blindness increases with age. While the need for services in this area is growing, the availability of services is not. This Committee is preparing for a hearing on this issue in the 102nd Congress.

Special populations

In the first session of the 101st Congress, the Committee held two hearings entitled: "Hispanic and Indian Elderly: America's Failure to Care," in Albuquerque, New Mexico on August 7, 1989, and "Hispanic Elderly: America's Failure to Care," in Washington, D.C. on Septemer 14, 1989. Witnesses testified that both Hispanic and Native Americans have disproportionate access problems with employment, income, retirement benefits, housing and services.

In the second session, the Committee held a hearing, "Access to Services for Rural Elderly New Mexicans," in Santa Fe, New Mexico, on June 23, 1990. Testimony was provided on accessibility to rural elderly of federally funded programs such as the Older Americans Act, Supplemental Security Income, Medicare and Medicaid.

The Committee also held a hearing entitled, "Education, Training and Research for Minorities in Gerontology," in New Orleans, Louisiana, on February 10, 1990. The hearing reviewed how the Historically Black Colleges are working to increase minority participation in gerontology careers by improving access to resources and training.

Elderly farmworkers

The Committee is aware of the diverse issues affecting the rural elderly, many of which need immediate attention. In the 101st Congress, the Committee investigated the special needs of rural migrant and seasonal farmworkers. Very poor and without pensions, they often do not receive SSI benefits and, due to their movement between states, housing and health care suffers. Currently there are state jurisdictional problems as well as inappropriate design of federal programs which prevents farmworkers from receiving assistance and protections to which they are entitled. Very little data on this issue is available.

During the second session, a hearing was held to examine the comprehensive needs of the older farmworkers. In preparation for the hearing, it was clear that there is a complete absence of reliable data on farmworkers, including basic census data on the number of farmworkers. For this reason estimates range from one million to five million people in this line of work. Examination of the life of a farmworker is also essential to gain an understanding of the elderly farmworker, since estimates indicate that the average life-span for farmworkers ranges from forty-five to fifty years.

Witnesses presented testimony on inadequate housing, health care, fair labor standards and emergency assistance. While no conclusive data was presented, a picture of across the board exemptions was apparent. The Chairman concluded the hearing by asking for recommendations for the establishment of a national data collection effort on farmworkers. Legislative solutions to improve these conditions are being developed.

International aging

The Committee has been working with the "Soviet Delegation" to foster understanding and sharing technical expertise to provide for the special needs of the elderly in changing societies. Delegates from the Soviet Union visited the U.S. Congress and met with Members of the Committee to discuss common interests. The Chairman has prepared several documents to assist the Soviets in the development of elderly housing, and service programs at various levels of government. Information is being shared on such issues as elderly housing, the Older Americans Act, Senior Centers.

The quality of life for older women

Older women disproportionately outnumber men, and the disparity grows as the elderly age. In 1987, there were 83 men to every 100 women in the 65 to 69 age group, and 39 men to every 100 women 85 and older. Older women are more likely to live alone. Women disproportionately care for their husbands, mothers, fathers and children, and are frequently left to fend for themselves. They generally have less income than their male counterparts. Older women also have special needs in employment retraining which are often overlooked. Women receive smaller pensions and retirement benefits, with their income frequently being dependent on their marital status. Elderly women face unique problems which have generally been neglected by policy-makers. The Aging Committee continues to expand its initiative to improve the quality of life for older women. This initiative will examine the wide range of issues including social security, health, income, housing, services, and transportation, which affect all elderly women and minority women in particular.

Transportation for the elderly

Transportation for the elderly has received little national attention. The Committee has gathered data, reports and statistics on the impact of inadequate transportation for the elderly in rural and urban settings. Transportation for the elderly has repeatedly been cut back, despite the fact that transportation is identified as a major determinant for participation rates of elderly persons in service and health programs. Cutbacks in block grants, mass transit monies, and revenue sharing, combined with increased demands on Older Americans Act, Title III services, are straining the adequacy and availability of transportation services for older and disabled persons. The Committee examined the impact of lack of access to transportation for access to health care and services.

The White House Conference on Aging

Responding to the concerns of many older Americans, the Committee took several actions to urge the President to call a 1991 White House Conference on Aging. In the first session the Committee joined hundreds of Members of Congress in asking the President to call the Conference. During the second session, the Ranking Minority Member of the Committee introduced a concurrent resolution (H. Con. Res. 333) to urge the President to call for a 1991 White House Conference on Aging without delay. This resolution was cosponsored by the Chairman and every member of the Committee.

The Committee believes these conferences are an important means of directing public attention to aging issues and generating new initiatives. The 1991 Conference would follow in a tradition of conferences begun in 1951 during the Truman Administration. The 1961 Conference, for example, laid the foundation for the enactment of the Medicare and Medicaid programs four years later. It was also a significant first step on the road to the passage of the Older Americans Act, and the Committee looks forward to similar constructive contributions from a 1991 Conference.

Mr. Rinaldo's resolution was passed by the House on June 25, 1990 with nearly two hundred cosponsors. However, to date, the President has not called the 1991 White House Conference on Aging.

Ongoing oversight activities

A number of issues required close monitoring throughout the 101st Congress, including: analyzing budget proposals and appropriations levels; working with legislative committees on the reauthorization of the Older Americans Act of 1965; evaluating the ongoing relationship between the Commissioner of the Administration on Aging and the state and area agencies on aging; analyzing the effects of budget reconciliation on human service programs such as the Low Income Home Energy Assistance Program, the Community and Social Services Block Grants, supplemental nutrition programs, and the Older Americans Act; and evaluating the administration of programs such as the Legal Services Corporation, the Senior Community Service Employment Program and the Job Training Partnership Act.

FULL COMMITTEE HEARINGS

Home

1. Caring for America's Alzheimer's Victims (March 20, 1989).
2. Medicare and Medicaid Budget Priorities in the 1990's (March 23, 1989).
3. Housing for the Frail Elderly (May 4, 1989).
4. Housing for the Frail Elderly, Part II (July 26, 1989).
5. The Hispanic Elderly: America's Failure to Care (September 14, 1989).
6. Building an American Health System: Journey Toward a Healthy and Caring America (November 9, 1989).
7. In Poor Health: The Federal Commitment to Vulnerable Americans (March 5, 1990).
8. After 30 years, America's Continuing Harvest of Shame (April 24, 1990).
9. Hospital Charity Care and Tax Exempt Status: Restoring the Commitment and Fairness (June 28, 1990).
10. Medicare and Medicaid's 25th Anniversary—Much Promised, Accomplished and Left Unfinished (July 30, 1990).
11. The New Homeless Crisis: Old and Poor in the Street (September 26, 1990.

Field

12. Staffing Reductions and Service Delivery in the Social Security Administration, Providence, RI (April 24, 1989).
13. Health Care Needs of the Elderly, Union, NJ (July 31, 1989).
14. Hispanic and Indian Elderly: America's Failure to Care, Albuquerque, NM (August 7, 1989).
15. The Future of Older Workers: An International Symposium, Tampa, FL (September 23, 1989).
16. Education, Training and Research for Minorities in Gerontology, New Orleans, LA (February 10, 1990).
17. High Cost of Prescription Drugs, Baltimore, MD (May 18, 1990).
18. Preventative Care: The Basic Ingredients for Better Health in Older Americans, Toms River, NJ (June 1, 1990).
19. Access to Services for Rural Elderly in New Mexico, Santa Fe, NM (June 23, 1990).
20. New Jersey Nursing Homes: How Do They Rate? Union, NJ (June 25, 1990).
21. Planning for Your Golden Years, Daytona Beach, FL (July 28, 1990).

Joint

23. Supplemental Security Income Program. Select Committee on Aging joint with the Subcommittee on Human Resources, Committee on Ways and Means. (March 2, 1989).
24. Waivers Under the Age Discrimination in Employment Act. Select Committee on Aging joint with the Subcommittee on Employment Opportunities of the Committee on Education and Labor (April 18, 1989).

25. 1991 White House Conference on Aging: Options and Strategies. Subcommittee on Human Services, joint with the Select Committee on Aging (June 26, 1989).

26. Mental Health in Nursing Homes: Barriers and Solutions. Subcommittee on Human Services, joint with the Select Committee on Aging. (August 3, 1989).

27. Age Discrimination in Employee Benefit Plans: The Impact of The Betts Decision. Select Committee on Aging, joint with the Subcommittees on Employment Opportunities and Labor-Management Relations of the Committee on Education and Labor. (September 21, 1989).

28. Returning Social Security to Pay-As-You-Go Financing: Impact on Benefits and the Federal Budget Deficit. Joint with the Select Committee on Aging and its Subcommittee on Retirement Income and Employment (February 28, 1990).

29. Alzheimer's—The Unmet Challenge for Research and Care. Joint with the Select Committee on Aging and the Subcommittee on Aging, Senate Committee on Labor and Resources (April 3, 1990).

30. Outreach in the Supplemental Security Income Program: Are The Needy Being Informed? Joint with the Select Committee on Aging and its Subcommittee on Retirement Income and Employment (April 5, 1990).

Commitee prints

1. Health Care Cost for America's Elderly 1977-88 (report) (March, 1989).

2. Health Care Problems of the Black Elderly, a Briefing held in Columbus, OH (June 24, 1990).

3. Federal Income Tax Guide for Older Americans, Information for Filing 1989 Returns (December, 1989).

4. Building an American Health System: Journey Toward a Health and Caring American (June, 1990).

5. Emptying the Elderly's Pocketbook—Growing Impact of Rising Health Care Cost (March 1990).

6. Activities of the Aging Committee in the 101st Congress, First Session (April, 1990).

7. Medicare and Medicaid's 25th Anniversary—Much Promised, Accomplished, and Left Unfinished (July 30, 1990).

8. Federal Income Tax Guide For Older Americans—Information For Filing 1990 Returns (December, 1990).

II. SUBCOMMITTEES

SUBCOMMITTEE ON RETIREMENT INCOME AND EMPLOYMENT

Overview

The Subcommittee on Retirement Income and Employment is charged with oversight responsibility for all governmental and nongovernment programs which affect the financial well-being of older Americans.

The Subcommittee's jurisdiction includes the financing, benefit structure, and administration of all federal income maintenance programs such as Social Security, Supplemental Security Income, veterans payments, and unemployment insurance. It also includes private and public retirement income programs such as private pension and health benefit plans, civil service retirement, railroad retirement, military retirement, Keoghs, and Individual retirement Accounts. Public employment programs, such as Title V of the Older Americans Act and private employment issues, such as age discrimination, fall within the Subcommittee's jurisdiction.

Other issues which pertain to the Subcommittee are the impact of health care costs on retirement income, federal tax policy, private insurance products, pre-retirement planning, and the economic status of the aged including their relative income levels and spending patterns.

First session

While a number of important issues were examined and initiated during the first half of the first session, Subcommittee Chairman Roybal focused particular attention on two major issue areas: 1) monitoring and amending legislative and administrative changes pertaining to the Social Security program; and 2) seeking major reform of the Supplemental Security Income (SSI) program.

The Subcommittee's major initiatives pertaining to Social Security focused on: 1) monitoring the effects of a 20% cut in Social Security staff and the implementation of a natinal toll-free telephone number on the quality of services provided to the public; 2) working to correct inequities caused by legislative and administrative changes; 3) protecting the financial integrity of Social Security; 4) promoting public confidence in the Social Security system; and 5) seeking to establish the Social Security Administration as an independent agency.

With regard to SSI, the Chairman continued to work for major reform of the program by: 1) holding a joint hearing with a Subcommittee of the Ways and Means Committee to identify existing problems; 2) introducing legislation with Congressman Downey to raise the federal benefit to the poverty level and restore the asset eligibility test to the same inflation-adjusted level as when the program began 15 years ago; 3) speaking to the public, the press, and interested organizations about the need for SSI reform; 4) seeking more effective efforts and resources to improve SSI outreach activities; and 5) working with the appropriate committees to ensure that SSI is more responsive to the needs of the disabled, particularly children.

In July, 1989, Congressman Bill Hughes of New Jersey became Acting Chairman of the Subcommittee. During the second half of the first session, the subcommittee focused particular attention on two major issue areas: 1) identifying and eliminating barriers to older worker employment; and 2) examining the monitoring and enforcement of private pension plans.

More specifically, within the area of older worker employment, the Chairman sought to: 1) identify barriers which discourage older individuals to remain in the labor force; 2) develop and promote legislation which encourages older workers to provide child care services; 3) encourage intergenerational employment opportunities; 4) identify and publicize innovative programs which utilize older workers; and 5) improve coordination of federal programs, specifically Title V of the Older Americans Act and the Job Training Partnership Act.

In the area of pensions, major areas of examination included: 1) the adequacy of the Department of Labor's efforts to monitor and enforce provisions of the Employee Retirement Income Security Act (ERISA); 2) whether there is sufficient use of criminal penalties to serve as a deterrent to pension plan fraud; 3) the scope and effectiveness of pension plan audits; 4) concerns about the growing incidence of fraud among Multiple Employer Welfare Arrangements; and 5) the effects of leveraged buy-outs and pension revisions on plan assets.

During the first session, the primary objectives of the Ranking Minority Member, Tom Tauke, were to secure and improve the economic condition of the nation's elderly. Through legislative and oversight activities, the Ranking Minority Member focused on the: 1) impact of tax policies on the elderly, particularly on the repeal of the Medicare Catastrophic Coverage Act; 2) financial integrity and administrative autonomy of the Social Security system; 3) quality of service delivery by the Social Security Administration, particularly the impact of new technologies on personal services; 4) inequities in the Social Security benefit structure, specifically the elimination of the "notch" and the earnings limitation; 5) reform of Medicare policies which adversely impact the health care costs for rural elderly; and 6) reform of ERISA, particularly with regard to plan administration and adequacy of ERISA enforcement authority.

Additionally, the Ranking Minority Member served as a member of the Pepper Commission and continued to work toward an adequate and fiscally responsible policy to address the long-term care needs of the nation's senior citizens.

SECOND SESSION

In February, 1990, Acting Chairman Hughes was appointed Chairman of the Retirement Income and Employment Subcommittee. During the second session, the Subcommittee convened seven hearings or joint hearings in Washington, D.C., and held a field hearing in Iowa. The overall purpose of these activities was to serve as a catalyst for examining emerging issues within the Subcommittee's jurisdiction which were not the subject of hearings convened by other committees in the House.

The primary issues examined during these hearings were:

(1) The use of the Social Security reserves to mask the size of the federal budget deficit, and whether the Social Security system should return to more of a "pay-as-you-go" system of financing;

(2) Whether the reduction of one-fourth of Social Security's field office staff is causing unnecessary costs to the trust funds and reducing direct access to services by the public;

(3) Why as many as half of the low-income elderly and disabled individuals who are eligible to receive Supplemental Security Income (SSI) benefits do not participate in the program;

(4) Why greater participation in the work force by women today is not projected to reduce poverty rates for those who live alone in the future;

(5) How the work patterns of women often result in inadequate and inequitable Social Security or pension benefits;

(6) Why the majority of current and future retirees will likely receive little in the way of company-financed pension and retiree health benefits despite the fact that tax breaks for private pension plans are the single largest federal tax subsidy; and

(7) Whether a Social Security disability system characterized by casework delays, gaps in regulations, and insufficient resources can effectively implement the Supreme Court ruling in *Zebley* v. *Health and Human Services.*

During the second session, the Ranking Minority Member, Tom Tauke continued to work to improve economic security for the nation's elderly. The Ranking Minority Member focused primarily on the: 1) impact of teleservice, new technologies and recent Supreme Court rulings on the quality of Social Security service delivery; 2) inequities in the Social Security benefit structure including the "notch" and the earnings limitation; 3) impact of Social Security and pension policies on retirement income security for older women; 4) relationship between the Social Security Trust Fund and the federal budget deficit and proposals to return the program to "pay-as-you-go;" 5) adequacy of ERISA enforcement authority; and 6) impact of Medicare policies on health care costs of the rural elderly.

These and other core issues served as the focal point for a number of subcommittee initiatives, including: releasing statements, program updates, and press releases; drafting and seeking support for legislation introduced by the Chairman, Ranking Minority, and Subcommittee Members; monitoring the implementation of federal programs, regulations, and agency operations to ensure that they are consistent with Congressional intent; tracking and critiquing legislative proposals for their applicability to the needs of older Americans and their families; responding to requests for information from Members, the press, outside organizations, the business community, and the public; and coordinating activities with other committees and interested parties.

The following is a more detailed description of the Subcommittee's activities and findings by subject area.

Social Security

Administration of service issues

Throughout the 101st Congress, a primary concern of the Subcommittee was examining how a reduction of more than 22% of the Social Security Administration's staff, combined with the institution of a new national telephone service, is affecting the quality of services provided to the public.

In April, 1989, the Subcommittee convened a hearing to examine growing evidence that these staffing cuts are causing serious problems in getting prompt, accurate, and appropriate responses from the Social Security Administration. Among the major findings: there is increasing evidence of incorrect information being given over the teleservice system, particularly regarding the SSI program; the public is having difficulty gaining access to personal service in local Social Security field offices; Social Security managers testified that their casework backlogs are growing; and an increasing number of individuals are waiting for longer periods of time in Social Security offices, with some being sent home because there was no time for staff to see them.

This testimony mirrored the findings of a General Accounting Office study which indicated that staff morale in Social Security offices is at an all-time low, with the majority of personnel believing that service to the public is suffering due to inadequate staffing levels.

Based on this testimony, as well as the results of a survey of California Social Security offices, the Chairman and a number of members of the Aging Committee urged that: (1) the proposed reduction of an additional 2,038 positions in the President's FY 1990 budget be rejected; (2) a hold be put on expanding the 1-800 telephone service nationwide until the glitches in the existing system are straightened out; and (3) that further reductions in contact stations and field representative staff be prohibited.

The Ranking Minority Member also frequently communicated his concerns to the Administration and the Social Security Commissioner about the impact of new technologies on local service delivery and over specific problems in Social Security field offices.

Many of the concerns outlined by the Subcommittee unfortunately went largely unheeded, and, on March 8, 1990, the Subcommittee held a follow-up hearing to examine the effects of a FY 1990 reduction of 2,000 more staff. Also examined was the implementation of the new nationwide toll-free telephone service.

Among the hearing's major findings: many Security offices have lost 30–50% of their personnel through attrition; reductions in staff are uneven between offices and across positions, causing a very inefficient use of resources; two-thirds of SSA's managers report that they are unable to conduct an effective quality review program; 83% of Social Security's offices are losing ground processing post-entitlement backlogs; SSA's 1989 on-site review process warns that delays in processing post-entitlement workloads can result in "substantial, unnecessary outlays from the trust fund"; a review of over 2,000 disability cases found that 70% contain one or more deficiencies; and busy rates for the national telephone service often overwhelm the system.

The Subcommittee also conducted a survey of Social Security offices in New Jersey. Among the survey's major findings: only 4% of the office personnel believe there are enough staff to carry out SSA's mandate; four-fifths report that cases are not processed in a timely manner; and two-thirds report that their morale is poor or very poor.

Based on these and other findings, Representatives Hughes, Tauke, Roybal, Rinaldo, Downey, Lloyd, Wise, Frank, Oakar, Schneider, Bilbray, DeFazio, Pallone, and Manton sent a letter to the Budget Committee in support of funding for an additional 4,000 Social Security staff in the FY 1991 budget. A similar letter was sent to the Subcommittee on Labor-HHS Education of the Appropriations Committee.

In addition, Chairman Hughes testified before the Ways and Means Subcommittee on Social Security outlining the problems with the national 1-800 telephone service. While the system is designed to handle approximately 250,000 calls per day, on peak calling days—particularly at the beginning of the month after Social Security checks have been issued—nearly two million calls come in, jamming the lines, shutting down the system, causing busy rates to exceed 80%, and forcing staff to shuttle from field offices to the teleservice centers.

The Chairman was an original cosponsor with Reps. Levin and Moody in introducing H.R. 4051, "The Social Security Office Access Restoration Act of 1990." The bill is designed to provide the public with the option of using the 1-800 number or directly calling local Social Security offices. In addition to requiring SSA to list the local offices' addresses and phone numbers in telephone directories, the bill includes a provision to establish a demonstration project in which SSA staff at three teleservice sites would provide callers with receipts confirming their calls and the action taken. Many of these provisions were eventually included in the Omnibus Budget Reconciliation Act of 1990 which was signed into law in October.

Appeals process

During the first session, Subcommittee staff examined reports that regulations to implement more stringent rules for individuals to appeal denials of disability and Social Security benefits were being contemplated by the Social Security Administration. The Chairman expressed his serious opposition to the rules being considered, citing his concern that thousands of vulnerable and disabled Americans would be adversely affected. Many Subcommittee members co-signed a letter sent by nearly one hundred members of the House of Representatives to the Secretary of Health and Human Services urging the rejection of proposed rules which would limit the right of elderly and disabled individuals to appeal decisions when they have been denied Social Security, Medicare, and welfare benefits. The proposal was subsequently withdrawn.

The Ranking Minority Member testified before the Committee on Ways on Means regarding the proposed changes in the Social Security appeals process and sponsored legislation to reform the system. This regulatory procedure has not been significantly altered since the passage of the Social Security Act of 1935. The current system produces lengthy delays and could be changed to improve timely and fair consideration of benefits claims. The Ranking Minority Member also submitted testimony to the Disability Advisory Council on the need to improve and streamline the appeals process.

Disability program

On September 12, 1990, the Subcommittee held a hearing entitled, "Can an Overburdened Disability System Effectively Implement the Zebley Supreme Court Decision?" This hearing examined the status of the disability programs under both the Social Security and Supplemental Security Income programs and evaluated the implications of the February, 1990 Supreme Court decision in *Zebley v. Health and Human Services*.

Among the hearing's major findings: resources to administer the disability program have been cut back over recent years at the same time that the caseload is rising; despite greater productivity from Social Security offices, New Jersey and a number of other states have been unable to conduct continuing disability reviews (CDRs) for two years; the General Accounting Office has determined that backlogs in the CDR workload costs more in unwarranted payments than are saved in administrative expenses; the Social Security Administration's Office of the Actuary estimates that for every 10,000 medical improvement cases that are not reviewed, the Disability Insurance Trust Fund loses $8 to $9 million per year; there have been a number of costly delays by the Social Security Administration to issue regulations pertaining to a variety of impairments which can improve decisions on whether a person is disabled or not; and the Supreme Court ruling in the *Zebley* case will likely overload a disability system which is severely overburdened.

The Chairman continues to review legislative options for reforming the Social Security system, and is working with the Social Security Administration to ensure that the overdue regulations get published in a more timely manner.

Earnings test

Throughout the 101st Congress, Chairman Hughes and Ranking Minority Member Tauke supported legislation designed to reduce or eliminate the Social Security earning penalty for those aged 65–69 who continue to work. In 1990, persons aged 65–69 who earn more than $780 per month lose $1 in Social Security benefits for each $3 they earn above this amount. Testimony before the Subcommittee indicates that many older Americans believe this penalty is unfair to those who need to work to supplement income, while other persons the same age can earn tens of thousands of dollars in interest or investment income and not have their Social Security benefits reduced.

In addition, Chairman Hughes and Ranking Member Tauke introduced H.R. 3079, legislation to eliminate the earnings test for persons aged 65–69 who provide child care services. This legislation was based on testimony provided to the Subcommittee which indicates that there is a shortage of child care providers. Demonstration programs to train and use older workers for this intergenerational purpose have been very successful.

The Ranking Minority Member also sponsored legislation to increase the substantial gainful activity measure for Social Security disability beneficiaries. Under current law, non-blind Social Security beneficiaries cannot earn more than $300 and remain eligible for benefits. This limit is substantially higher for blind beneficiaries ($793). Legislation introduced by Representative Tauke (H.R. 3561) would increase benefit security for non-blind disability beneficiaries and, thus, enhance benefit equity within the Social Security system.

Financing issues

On February 28, 1990, the Retirement Income Subcommittee and the full Aging Committee held a joint hearing entitled, "Returning Social Security to Pay-As-You-Go Financing: Impact on Benefits and the Federal Budget Deficit."

The hearing focused on three major questions: 1) what is the status of the Social Security Trust Funds? 2) if Social Security were to return to more of a "pay-as-you-go" financing system, what would be the impact on the Federal budget deficit, the economy, and current and future Social Security benefits? 3) how to best address the fact that the Social Security Trust Fund reserves are masking the size of the Federal government's operating budget deficit?

Over the past few years, the Social Security Trust Fund reserves have collected $157 billion more in revenues than was needed to meet the obligations of current beneficiaries. By the year 2030, these reserves are projected to rise to nearly $12 trillion.

Chairman Hughes expressed his concern with the current trend toward funding the Federal government's general operating budget with less progressive taxes, such as Social Security payroll taxes. Testimony by the Congressional Budget Office (CBO) reveals that federal taxes in 1990 are less progressive than they were in 1980. CBO concluded that increased reliance on higher social insurance payroll taxes is the major explanation for the reduced progressivity of the tax system.

During the 1980's, the Social Security tax rose 25%, while corporate and excise taxes decreased significantly. By 1990, 77% of families who pay Social Security payroll taxes will pay higher payroll taxes (counting both employee and employer portions) than federal income taxes.

Based on testimony provided at the hearing, the Chairman worked to take the Social Security reserves out of the calculations of the Gramm-Rudman deficit targets. In addition, the Subcommittee continued to examine the pros and cons of building a large Social Security reserve to help pay for growing numbers of future retirees, versus lowering the payroll tax and returning the system to a "pay-as-you-go" system. In either case, most of the expert's testimony concluded that before such a decision is made, a larger reserve is needed in the Social Security Trust Fund to cushion against possible short-term down-turns in the economy.

Included in the 1990 Omnibus Budget Reconciliation Act which was signed into law was a provision to take the Social Security Trust Fund reserves off-budget for purposes of determining the Gramm-Rudman deficit targets.

Independent agency

During the first session, Chairman Roybal introduced legislation—H.R. 46—to establish the Social Security Administration as an independent agency. Previous hearings of the Subcommittee indicate that the operations of the agency are often directly related to the degree of autonomy the agency enjoys from partisan considerations. Recently, many of the services provided by the Social Security Administration appear to be subject to more and more partisan constraints. H.R. 46 would establish the Social Security Administration as an independent agency governed by a nonpartisan board. This legislation was based on a bill introduced by Congressman Roybal in 1984, and is similar to legislation which passed the House during the first session.

Throughout the second session, the Chairman and Ranking Minority Member strongly supported legislation to establish an independent Social Security agency and remove the Social Security Trust Funds from the unified budget.

Notch

During the first session, Chairman Roybal continued his efforts to inform Congress and the public of the effects of the Social Security "Notch." He introduced new legislation, H.R. 917 in order to provide a smoother transition of benefits for persons born in different years following 1916. Previous hearings before the Subcommittee reveal that a 1977 change in the way benefits are calculated has caused many workers with similar work histories to receive very different benefits simply because of the year in which they were born. Two modifications were made to the bill from the last Congress which reduces its cost by approximately $20 billion over ten years. The new bill does not provide for retroactive benefits and it makes a minor change in the benefit computation formula.

Ranking Minority Member Tauke also continued to pursue a legislative remedy to the Social Security "notch" problem. Representative Tauke was an original cosponsor of H.R. 181, legislation to ensure fair benefits for those born between 1917 and 1921.

Public confidence

The Subcommittee continued follow-up activities to a special intergenerational forum on Social Security which was convened during the final months of the 100th Congress. Efforts were made to distribute a tape and transcript of the forum to high schools throughout the country in conjunction with the national high school debate topic: "What the Federal Government should do to enhance the quality of life for Americans 65 and over."

The Subcommittee provided interested Members and individuals with a staff summary of the annual Social Security Trustees' report concerning the status and long-term solvency of the Social Security program. This report reveals that during calendar year 1989, the combined assets of the Old-Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Funds increased by $53.2 billion. Total combined assets for the OASDI programs at the end of 1989 therefore increased to nearly $157 billion.

The trust funds are expected to continue growing for many years into the future. Under intermediate assumptions, the combined assets are estimated to reach a level of about 4 to 6 times annual outgo over the next 25 years to 30 years. Long-range 75-year estimates indicate that, under intermediate economic assumptions, the positive balances in the first part of this period will nearly offset later deficits. The Subcommittee continues to study alternative methods for addressing projected long-range deficits which will begin to accumulate more than 50 years into the future. However, overall, the Social Security program is projected to be within close actuarial balance over the next 75 years.

The Subcommittee also provided committee members with a summary of recent key adjustments to the Social Security program, including cost-of-living increases, the new average Social Security benefit, changes in the earnings limitation, and other adjustments.

- The Chairman, Ranking Minority, and Subcommittee staff made a number of presentations and distributed a variety of written materials on the status of the Social Security program, its intergenerational benefits, and its relationship to the Federal budget deficit.

Representative payee

During the 101st Congress, the Retirement Income Subcommittee worked with the Subcommittee on Housing and Consumer Interests to focus attention on the need for stricter guidelines for persons, known as representative payees, who manage the finances of Social Security recipients who are ruled not competent to manage their own financial affairs. During the first session, the Chairman submitted testimony to the Subcommittee on Social Security and the Subcommittee on Human Resources of the Ways and Means Committee concerning the need for stricter monitoring of Social Security representative payees. During the second session, the Subcommittee continued to monitor efforts to strengthen protection for Social Security and Supplemental Security Income recipients.

Women and retirement

During the second session, one of the Subcommittee's primary areas of examination was an in-depth evaluation of the relationship between Social Security and other retirement income programs and the characteristics and work patterns of women.

On May 22, 1990, the Subcommittee convened a hearing entitled, "Women in Retirement: Are They Losing Out?" Testimony revealed that despite greater participation in the labor force, poverty rates for elderly women living alone will continue to remain high for the foreseeable future. Concerns were also raised that the work patterns of women do not always translate into equitable Social Security benefits.

In 1970, women received Social Security benefits which were 70% of the level received by men. By 1989, that percentage had grown to just 73%. For pensions, the situation has gotten even worse. In 1974, the average private pension benefit for women was 73% of the average benefit received by men. By 1987, that ratio had plummeted to 58%.

These trends help account for data which indicate that almost three-quarters of the elderly currently living below the poverty level are women and 41% of older women are poor or near poor.

While the Social Security benefit formula is "gender neutral," testimony reveals that Social Security and other pension programs often penalize women who spend time out of the work force as caregivers. Women average nearly 12 years out of the work force compared to 1.2 years for men. Since zeroes are factored into an individual's benefit computation formula for each year spent out of the work force, women who temporarily leave jobs to assume family obligations often pay a heavy pension penalty.

Additionally, although many women work and contribute to the Social Security system, these work years often do not translate into higher Social Security benefits because their benefit is based solely on their spouse's earnings.

In order to examine legislative options for addressing many of these issues, on October 3, 1990, the Subcommittee held a follow-up hearing entitled, "Women, Caregiving, and Poverty: Options to Improve Social Security." Among the proposals receiving support from many of the witnesses was H.R. 5751, the "Social Security Caregiver Act of 1990" which was introduced by Chairman Hughes, Representative Oakar, and Representative Lloyd. The purpose of this bill is to reduce the way the Social Security benefit formula often penalizes persons who temporarily leave the work force for a year or more to take care of children, elderly parents, or disabled persons. Presently, many of the family members who perform this important service have zeros factored into their Social Security benefit formula.

The Ranking Minority Member also introduced a comprehensive legislative package to improve benefit protection for older women. This legislation (H.R. 5103, 5104, and 5105) would not only enhance benefit protection for caregivers and homemakers, but also restore equity for widows and divorce women.

Also discussed at the hearing were options for amending the effects of the "dual entitlement" provision. As more women enter the work force, they increasingly qualify for Social Security benefits in two ways—based on their own work history and from their spouse's earnings. However, under current law, a person cannot get both of these benefits in full. In effect, the Social Security recipient receives an amount equal to the higher of the two benefits. Consequently, many married working women will contribute more to the Social Security system as secondary earners, but will get no higher benefits than they would be entitled to based solely on their spouse's earnings.

The Subcommittee has received over 2,000 letters from working women throughout the country who are concerned by this apparent inequity in the Social Security system. Many also question why higher benefits are paid to couples in which only one spouse worked than is paid to a two earner couple who have the same total income.

Based on these findings, Chairman Hughes continued to work to make Social Security more responsive to the current working patterns of women and other caregivers. Following a request by the Chairman and Ranking Minority for a further examination of this issue, the Social Security Commissioner established a task force to develop possible recommendations. The Chairman has also requested the General Accounting Office to examine in more depth a number of related issues.

Supplemental Security Income (SSI) Program

As a follow-up to a series of hearings held in the 100th Congress, the Subcommittee worked for reform of the Supplemental Security Income (SSI) program throughout the 101st Congress.

On January 3, 1989, Chairman Roybal and Representative Downey introduced two bills to make the SSI program more responsive to the needs of low income elderly, blind, or disabled persons. The first, H.R. 360, adjusts the SSI asset test to $4,200 for an individual and $6,300 for a couple and ties annual increases to the rate of inflation. Previous testimony before the Subcommittee reveals that this asset test has been cut in half by inflation over the past fifteen years, thereby systematically eliminating needy elderly persons from the program.

The second bill, H.R. 361, gradually raises the Federal SSI payment to the poverty line over three years. Testimony before the Subcommittee reveals that the SSI program, which is designed to provide a minimum "safety net" income, is often failing to provide sufficient assistance to the poorest of the nation's elderly poor. The average combined federal and state SSI payment provides around $13 per day.

In February, 1989, Chairman Roybal joined as one of four original cosponsors on three other SSI reform bills—H.R. 866, 867, and 868. Among the provisions of H.R. 866 is the establishment of a permanent SSI outreach program for adults and children. H.R. 867 corrects several inconsistencies in the law concerning the treatment of unemployment compensation, interest and dividend income, life insurance, and burial accounts. H.R. 868 assures that SSI is more responsive to the needs of disabled children and corrects certain inequities in the treatment of a family's income and resources in determining program eligibility.

On March 2, 1989, the Subcommittee held a joint hearing with the Subcommittee on Human Resources of the Ways and Means Committee to examine possible recommendations for reforming SSI. Of particular concern was the inadequacy of the benefit level, the severity of the asset eligibility test, and the lack of an effective and comprehensive SSI outreach effort to the elderly poor, the blind, the disabled, and the homeless. Studies reveal that nearly half of the elderly who are eligible for SSI do not participate in the program, with the major reason for nonparticipation being that eligible individuals are unaware of the program or are mistaken about its requirements.

Based on this testimony, the Chairman requested that the General Accounting Office conduct a study to evaluate the components and effectiveness of the Social Security Administration's SSI outreach efforts. The results of this study formed the basis for a joint hearing of the Subcommittee on Retirement Income and Employment and the Full Aging Committee held on April 5, 1990, entitled: "Outreach in the Supplemental Security Income Program: Are the Needy Being Informed?"

Among the major findings of this hearing are: although approximately 4.6 million individuals currently participate in the SSI program, up to half of the eligible poor do not participate in the program; one-fourth of persons aged 65 and over who live below the poverty level have never heard of the SSI program; four-fifths of Social Security's managers report that they are not able to conduct an effective SSI outreach program with current staff; Social Security field representatives, those primarily responsible for SSI outreach, have been cut by 49% over the last five years; approximately half of Social Security offices spend ten hours or less per month on SSI outreach.

Chairman Roybal and Chairman Hughes continue to work with both the Social Security Administration and the appropriate committees in the Congress to improve the level of commitment and resources for SSI outreach.

The FY 1990 and 1991 budgets included a new $3.5 million SSI outreach grant program to be awareded through the Social Security Administration. Subcommittee staff monitored SSA's progress in developing the content and strategy of this outreach program, and provided information to interested community and church groups so that they might apply for the SSI outreach grants.

The Subcommittee also distributed a report of the Chairman entitled, "Supplemental Security Income Program: Current Program Characteristics and Alternatives for Future Reform." The report is designed to provide basic information about the SSI program, and serve as the basis for debate on possible reforms to the program.

Private pensions

Private pensions are an extremely important source of potential retirement income since the average retired worker receives less than $6,800 annually from Social Security, and half of all workers went into retirement in the latter part of the 1980's with less than $10,000 in financial assets.

The Subcommittee spent a major portion of the 101st Congress evaluating the effectiveness, equity, and protection associated with the private pension system which is currently comprised of nearly $2 trillion in assets, and accounts for the nation's largest single federal tax subsidy—over $50 billion this past year alone.

Coverage and adequacy issues

Data provided to the Subcommittee indicate that while tax breaks for private pension plans cost more in lost revenue than any other federal tax subsidy, an estimated four out of five retiree households either have no private pensions or they receive benefits which provide less than 20% of their incomes. Since all Americans pay for these tax breaks, the Subcommittee began to examine why more retirees aren't benefiting in a more significant way from these pension plans.

On July 27, 1990, a hearing was convened entitled, "Private Pension and Retiree Health Benefits: Underserving Today's Retirees, Retreating from Tomorrow's?" Among the research findings received by the Subcommittee:

> Less than half of today's full-time workers are covered by a private pension plan;
>
> The percentage of workers who are covered by such plans has decreased over the past few years;
>
> Less than half of companies with pension plans adjusted them even once for inflation between 1980 and 1988;
>
> Increased job mobility and a lack of pension portability is shrinking the size of future pension benefits;
>
> The vast majority of workers who receive an early lump sum distribution when they change jobs are prematurely spending these savings on things other than tax-qualified savings for retirement;
>
> Three-fifths of companies reduce or offset pension benefits if a retiree also receives Social Security benefits;
>
> It is legal for employers to exclude up to 30% of their full-time employees from participation in the pension plan; and

> Many married couples are signing away their rights to survivors benefits, leaving many widows with no source of income other than Social Security.

Based on these findings, the Chairman began working with the Department of Labor, the business community, and relevant legislative committees to develop strategies for closing some of the gaps and inequities in private pension coverage. Possible legislative solutions were developed and discussed.

Chairman Hughes also wrote a number of articles for national publications summarizing the Subcommittee's findings that most middle and low-income Americans are finding that the pension dream is an illusion. Unless the private pension system is overhauled soon, projections indicate that even fewer Americans in the future will be able to count on these pensions providing a significant source of retirement income.

The Subcommittee also began examining strategies for simplifying pension regulations. Complex and frequently changing pension laws and regulations are cited by many businesses as the major reason why private pension coverage is not more extensive, and why there has been a recent shift away from defined benefit type pension plans to more of a "do-it-yourself" type strategy.

Enforcement of the employee retirement income security act [ERISA]

Since 1974, the Employee Retirement Income security Act (ERISA) has served as the legal basis for protecting most private pension plans from fraud and corruption. ERISA establishes participation, funding, investment and reporting standards. The U.S. Department of Labor (DOL) has primary enforcement responsibility for the protection of employee benefit rights.

On November 15, 1989, the subcommittee convened a hearing entitled, "Who's Minding Your Pension?" The purpose of this hearing was to review the Department of Labor's efforts to prevent fraud and abuse in the nation's $2 trillion private pension plans. The Subcommittee also received the findings of a report from the Office of the Inspector General which warns that greater enforcement provisions are needed to adequately protect private pension plan assets. Less than one percent of the nation's private pension plans are monitored in any one year by the Department of Labor. Testimony at the hearing indicated that in most cases an investigation of DoL only seems to be triggered if someone persistently brings potential irregularities to their attention.

Among the major findings of the hearing: the least amount of investigative attention seems to go to the plans which are most vulnerable to abuse—the smaller pension and welfare benefit plans; it takes over two years for the forms and audit reports which plan administrators must submit to DoL and the IRS to be available for review by the agencies; the system relies to some extent on plan administrators at least partially reporting their own violations; the enforcement strategy seems to rely almost exclusively on civil rather than criminal penalties; and the limited scope of the pension audits allows a significant amount of plan assets to escape scrutiny for ERISA violations altogether.

Based on this hearing testimony, the Subcommittee initiated a number of follow-up activities, including seeking additional information and reforms from the Department of Labor, requesting a General Accounting office study of related issues, reviewing legislative and regulatory alternatives, and developing possible legislative remedies. The Chairman also cosponsored legislation to restore the authority of the Inspectors General to conduct investigations into programs regulated by federal agencies.

Retiree health benefits

One of the most serious and looming threats to the adequacy of retirement income for both present and future retirees is the rapid increase in the costs of health benefits, and the general retreat from providing many of these benefits by a growing number of businesses. Testimony at the July 1990 hearing before the Subcommittee reveals that more and more businesses are re-examining the types of health benefits they can promise to retirees due to the rapidly rising costs of medical care.

The Subcommittee also began to examine the implications of new guidelines established by the Financial Accounting Standards Board which will require all businesses beginning in 1992 to list their liabilities for providing retiree-health insurance benefits on their balance sheets. This accounting change will have the result of reducing companies'' reported earnings and forcing more companies to re-evaluate the costs of the benefits they are promising.

While testimony provided to the Subcommittee reveals that this change has not resulted in many companies canceling their plans outright, a growing number of companies are cutting back on some benefits and shifting more of the costs to retirees through higher premiums and deductibles.

The Subcommittee also examined how well many of these plans are administered, and the extent of protection against consumers for fraud and abuse. Companies have the right to change employee health-insurance plans whenever they want, and ERISA provides little or no protection in this regard.

In addition, the Subcommittee received distressing reports of abuses of plans provided through Multiple Employer Welfare Arrangements, or MEWAs. A number of these health insurance products for pension plans are underfunded, their administrators are embezzling money, or they are promising benefits they cannot hope to provide. Because they often operate in many states, officials at the state level have difficulty tracking down information on MEWAs which are operating fraudulently, and, even though these plans operate under the provisions of ERISA, the Department of Labor has taken the position that it is not their job to monitor or enforce MEWAs. The Chairman has begun to work with both state officials and the Department of Labor to correct this gap in enforcement provisions. The Chairman and Ranking Minority have requested a special study of this issue, and possible legislative remedies are being examined by the Subcommittee.

Employment issues

The Subcommittee continued to focus a good deal of its oversight activities in the 101st Congress on eliminating policies which discourage older Americans from remaining in the work force, and developing and highlighting innovative programs which provide job skills and training to older workers. Among the many activities in this area was the Subcommittee's participation in a forum cosponsored by the U.S. Administration on Aging and the Washington Business Group on Health which brought together a number of individuals from the public and private sectors to coordinate older worker recruitment, training, and hiring efforts.

On September 13, 1989, the Subcommittee convened a hearing entitled, "Better Utilizing an Older Workforce: A Focus on Intergenerational Child Day Care." The purpose of the hearing was to examine ways to eliminate barriers to employment for older workers, particularly where there are labor market shortages, such as qualified child care providers. Testimony included an overview of the labor market characteristics of older workers, a summary of relevant programs and policies, examples of successful programs which train and employ older workers as child care providers, and a discussion of the merits of H.R. 3079, legislation introduced by Chairman Hughes and Ranking Minority Member, Tom Tauke, to exempt child care earnings from the Social Security earnings test for workers aged 65 and over.

Job Training Partnership Act [JTPA]

During the first session, Chairman Hughes testified before the Subcommittee on Employment Opportunities of the House Committee on Education and Labor in support of H.R. 3226, legislation designed to make the Job Training Partnership Act (JTPA) more responsive to older participants who encounter difficulty accessing job training programs. The Chairman's testimony focused on two major provisions of the bill which are particularly crucial to the needs of older workers. The first provision requires that allocations which serve older individuals be least equal to the amount which was available during the preceding program year. The second provision grants flexibility to waive performance standards which would allow part-time placement in some situations. The requirement that all placements be full-time prohibits efficient coordination between JTPA and the Senior Community Service Employment Program (SCSEP).

During the second session, the Subcommittee continued to work for legislation which would provide better coordination between JTPA, the business community, and the SCSEP. The Chairman expressed his concerns with a proposal by the Administration and the Committee on Education and Labor which would have eliminated the older worker set-aside under JTPA. Supporting the efforts of Chairman Martinez of the Employment Opportunities Subcommittee, funding under the JTPA for older workers was maintained.

Senior Community Service Employment Program (title V of the Older Americans Act)

The Senior Community Service Program provides important job opportunities for low-income older Americans aged 55 and over. Despite the great need for this assistance, data indicate that this program assists less than one percent of those who are eligible for the program. The Subcommittee continued to work to ensure that more sufficient resources are provided to senior employment programs.

The Subcommittee began gathering information on the Title V program in preparation for the reauthorization of the Older Americans Act in 1991. Community leaders, local organizations, public officials, program participants, and older individuals were surveyed for their views on policies which might improve upon the success of the program. Proposals which are particularly relevant to the needs of rural older workers were examined.

Retirement planning

During both the first and second sessions, a report of the Chairman was prepared and distributed entitled, "A Guide to Planning Your Retirement Finances." The guide is designed to provide individuals with a step-by-step overview of the retirement planning process, including such topics as a checklist of essential documents, preparing a budget for today and during retirement, how to anticipate likely future retirement income levels, an overview of types of investments, tips on estate planning and wills, and a number of other topics. The number of requests for copies of the guide far outnumber those which are available, and plans are underway to update the report annually.

Miscellaneous

Analysis of budget proposals

During the first and second sessions, the Subcommittee evaluated the budget proposals of the President and the Congress with regard to retirement income and employment policies. These proposals were analyzed in terms of cost-effectiveness, impact on the vulnerable elderly, and equity issues. Based on information and testimony provided to the Subcommittee, the Chairman and many Subcommittee members provided recommendations to the Budget Committee, the Appropriations Committee, and the relevant legislative committees.

Taxation of the elderly

During the first session, a field hearing was held in Iowa to examine the Medicare Catastrophic Coverage Act (MCCA). Representative Tauke opposed the original MCCA due to the unfair financing scheme which required that the elderly pay for inadequate benefits through an income surtax. The Ranking Minority Member worked to repeal this unfair tax burden on the nation's elderly.

In addition to the MCCA surtax, the Ranking Minority Member strongly supported the repeal of the additional tax policies which are targeted at the elderly. Tax policies including the taxation of Social Security benefits and the reduction of benefits under the earnings limitation, impose a significantly higher marginal tax rate on the elderly.

Health care costs

The Ranking Minority Member served on the Pepper Commission. Representative Tauke participated in Commission field hearings, Washington hearings and meetings to examine various proposals to address the economic burden of long-term health care costs.

The Ranking Minority Member continued to pursue several legislative initiatives to improve accessibility to and affordability of health care services in rural America. Measures that were backed by the House Rural Health Coalition (jointly founded by Representatives Synar and Tauke), were included in the Omnibus Budget Reconciliation Act of 1989.

SUBCOMMITTEE ON RETIREMENT INCOME AND EMPLOYMENT, 101ST CONGRESS HEARINGS

1. Are Social Security Changes Working? A Report from the Field, held April 21, 1989.
2. Medicare Catastrophic Coverage Act, held in Cedar Rapids, IA on March 6, 1989 (Field).
3. Better Utilizing an Older Workforce: A Focus on Intergenerational Day Care, held September 13, 1989.
4. Who's Minding Your Pension?, held November 15, 1989.
5. Returning Social Security to Pay-As-You-Go Financing: Impact on Benefits and the Federal Budget Deficit, held February 28, 1990 (Joint).
6. Cutting Social Security Staff by One-Fourth: Have We Gone Too Far?, held March 8, 1990.
7. Outreach in the Supplemental Security Income Program: Are the Needy Being Informed?, held April 5, 1990 (Joint).
8. Women in Retirement: Are They losing Out?, held May 22, 1990.
9. Retirement Income for Women, held July 2, 1990 (Field).
10. Private Pensions and Retiree Health Benefits: Underserving Today's Retirees, Retreating from Tomorrow's?, held July 27, 1990.
11. Can an Overburdened Disability System Effectively Implement the Zebley Supreme Court Decision?, held September 12, 1990.
12. Women, Caregiving, and Poverty: Options to Improve Social Security, held October 3, 1990.

Reports

1. A Guide to Planning Your Retirement Finances, dated January, 1989.
2. A Guide to Planning Your Retirement Finances, dated January, 1990.

SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

The Subcommittee on Health and Long-Term Care of the House Select Committee on Aging, on which 18 Democrats and 12 Republicans served in the 101st Congress, is responsible for undertaking a comprehensive continuous review of health care facilities and long-term care facilities, general health care issues, specific health concerns, health research funding and developments in health research, health insurance, alternative health care options, health legislation, and the administration of health care programs, among other topics.

During the course of the 101st Congress, the Health and Long-Term Care Subcommittee: held 9 hearings (5 field hearings and 4 hearings in Washington, D.C.); produced 3 Committee prints; monitored numerous legislative measures of interest to older Americans; briefed Members of Congress and their staffs on health-related issues; each week responded to approximately 200 telephone and written requests for information on legislative and administrative actions affecting older Americans; drafted numerous Congressional Record statements, press releases and amendments related to timely legislative matters under consideration by the Congress; and performed numerous other legislative, oversight and research activities. On an ongoing basis, the Subcommittee provided graduate students, undergraduates and working professionals the opportunity to assist in the development of hearings, briefing papers and reports. These student interns and detailees provided valuable assistance to the Subcommittee staff. During the 101st Congress, the following universities and administrative agency were represented the Subcommittee staff: The University of Alabama, The University of California at Los Angeles, Catholic University of America, Duke University, James Madison University, St. John Fisher College, and the U.S. General Accounting Office.

The following report is an effort to summarize the issues that were explored by the Subcommittee through various investigative, administrative, legislative and oversight techniques available to it during the 101st Congress.

Medicare Catastrophic Coverage Act: Impact on the Elderly and their supplemental Medicare Insurance

The House and Senate approved and the President signed into law in 1988 legislation to assist seniors with the catastrophic costs of long hospital stays, among other functions. While lawmakers' intentions were noble, the fact remains that at least 80 percent of all catastrophic health care costs are associated with chronic illnesses which do not require hospitalization and are nevertheless bankrupting.

The Medicare Catastrophic Coverage Act (P.L. 100-360), while initially hailed as a major new health care reform for the elderly, was certainly not a gift to them, a fact which did not escape the attention of seniors.

The "catastrophic" program was to be paid for entirely by the elderly, a first for a Federal entitlement program. Opposition to the new law centered on the fact that the new benefits were too limited, helped too few, cost many seniors a great deal of money out-of-pocket annually, and did not even begin to address the major catastrophic health risk facing older Americans: long-term illness. These complaints and others fueled one of the most extensive grassroots campaigns in the history of Congress as seniors crusaded for repeal. In the end, of course, they were successful, with the House and the Senate repealing the program, voting to preserve only certain Medicaid benefits not to be financed by seniors alone, and the provision establishing the U.S. Bipartisan Commission on Comprehensive Health Care or the Pepper Commission. (See separate heading below.)

The Subcommittee devoted considerable time and energy to monitoring developments with the Medicare Catastrophic Coverage Act, and to examining the ways in which its repeal affected seniors. For example, experts forecast sharp increases in Medigap premiums in 1990 even without repeal, and this is in fact what came to pass in many States before the repeal was enacted.

Medigap insurance, private insurance sold to supplement Medicare, is a major industry in America. The Subcommittee estimates that 70 percent of all Medicare beneficiaries—roughly 23 million people—have Medigap insurance. The average policy costs about $800, meaning our nation's senior citizens spent an estimated $17 billion on Medigap insurance in 1989.

In January of 1989, the Part A hospital provisions of the "catastrophic" bill went into effect, limiting the hospital deductible to one annual payment and eliminating daily copayments for hospital stays longer than 60 days. One would have expected most Medigap policy rates to drop but, to the surprise of the Subcommittee and the general public, the rates rose in 1989.

In November of 1989, the Subcommittee held a hearing to examine the unexpected hikes in Medigap premiums and to look at the methods by which rate hikes are reviewed and approved in the 50 States and the District of Columbia.

After surveying State Insurance Departments across the country, the Subcommittee learned that every State reported an increase in some of their Medigap plans, ranging from a high of a 133 percent increase in an Arizona plan to a low of a 9 percent increase in South Carolina. Over half the States reported that some of their plans increased by at least 25 percent.

The Subcommittee also found most States do not require that Medigap premium increases be formally approved before they go into effect. Two thirds of the States reported no approval process for policies sold to groups and one third said they did not require approval of increases in individual plans. The majority of States also indicated that they do not even require that insurance companies file their planned increases. The increases go into effect automatically, without scrutiny by the Insurance Commissioners.

To gain the Ohio perspective on this problem, Congresswoman Mary Rose Oakar (D-Ohio) conducted a field hearing in Cleveland in early 1990. Witnesses included victims of sharp rises in Medigap premiums, insurance company representatives and State and local government officials.

To address the problems associated with Medigap insurance, Chairman Roybal introduced legislation, H.R. 3959, establishing minimum Federal standards for approving Medigap rate increases and other functions. The major provisions of this bill were included in H.R. 4840, "The Medigap Fraud and Abuse Act of 1990," introduced by Subcommittee Member Ron Wyden (D-Ore.) and cosponsored by Mr. Roybal. Subsequently, the major components of H.R. 4840 were enacted as part of the Omnibus Budget Reconciliation Act (OBRA) of 1990, H.R. 5835. Provisions of the Roybal bill included in OBRA '90 were: (a) a mandated national minimum loss ratio for Medicare supplemental insurance policies; (b) an increase in the required loss ratio for Federally-approved individual Medigap policies, from 60 percent to 65 percent; (c) the requirement that States have prior approval of Medigap insurance policy rate increases, including documentation of the need for a premium increase and compliance with loss ratio requirements; (d) the assurance that consumers have access to loss ratio information; and (e) the requirement that public hearings be held prior to approval of premium increases.

Long-term care for chronically ill elderly, disabled and children

According the Subcommittee data, over one million Americans are forced into proverty each year due to the costs associated with catastrophic illness or long-term disability.

How to finance and administer a comprehensive long-term care program, with services available in institutions and at home, is a critical area of health policy reform which has challenged Congress for decades.

The Subcommittee on Health and Long-Term Care carefully monitored activities dealing with long-term care on an off Capitol Hill. To gather additional information on the scope of the problem, the Subcommittee in 1989 held a field hearing in Philadelphia on the pressing need for long-term care. This session, chaired by Congressman Robert A. Borski (D-Pa.), featured testimony from victims of long-term illness and their families, advocates for the elderly, health professionals and health policy experts.

The Pepper Commission: U.S. Bipartisan Commission on Comprehensive Health Care

In 1988, as a means of finding solutions to the pressing health care questions of the day, including the need for long-term care, the House and Senate adopted as part of the Medicare Catastrophic Coverage Act an amendment establishing the U.S. Bipartisan Commission on Comprehensive Health Care. The author of the amendment, then Subcommittee Chairman Claude Pepper, became Chairman of the Commission, later christened the "Pepper Commission" in honor of its founder. The 15-member group, composed of six Senators, six Congressmen and three Presidential appointees, began deliberations in early 1989.

The Pepper Commission was charged with presenting to Congress a plan for financing and administering a long-term health care program for all Americans, as well as a method for financing and implementing a program of comprehensive health care for all Americans.

Because of the late Claude Pepper's intense interest in founding the Commission, his later chairmanship of that body, and Chairman Roybal's commitment to all efforts to improve health care for the American people, the Subcommittee on Health and Long-Term Care has closely followed the activities of the Pepper Commission.

The Subcommittee devoted much time and energy to getting the Commission launched. Procedures and legislative guidelines had to be drawn up, office space found, staff selected and an agenda set, among many other matters. The Subcommittee was pleased to welcome a detailee from the General Accounting Office to handle many of these concerns and to act as liaison between the Subcommittee and the Commission.

In 1989, the Commission, expected by many to be the driving force of health policy in the 1990s and perhaps beyond, held numerous hearings, in Washington, D.C. and around the nation, and briefings featuring policy experts, health professionals and others. These sessions plumbed the depths of many complex health policy issues and called attention to possible courses of reform. Chairman Roybal, one of the original supporters of legislation creating the Pepper Commission, testified before that body and maintained close ties with its members and key staff. Similarly, Subcommittee staff remained in close contact with the Commission as it worked toward fulfillment of its mission.

Many of the provisions of Chairman Roybal's "Lifecare" bill (H.R. 4093) were included as part of the Pepper Commission proposals, which are expected to receive continued discussion in the 102nd Congress.

Board and care: A failure in public policy

One setting for long-term care, although it lacks the component of intensive medical care, is the board and care home. "Board and care" is the broad term for facilities that provide shelter, food and protection to frail and disabled individuals.

For a variety of reasons, including the deinstitutionalization of mental patients, the elderly and the handicapped in the 1970s and the relatively low cost of care, board and care is a thriving industry in America. An estimated one million Americans currently live in 68,000 licensed and unlicensed board and care facilities, and 3.2 million more of our citizens are currently at risk for board and care placement.

Board and care currently costs Federal and State government approximately $7 billion annually. The Subcommittee in 1989 completed an exhaustive ten-year investigation of the industry, trying to learn what the government was receiving for its investment.

The investigation, which culminated in a 459-page report, included a thorough review of all available literature on board and care, a review of letters and case histories received by the Subcommittee since 1979, analysis of questionnaires sent to all State Licensing Offices and State Long-Term Care Ombudsmen, as well as follow-up telephone interviews with those officials, 46 unannounced inspections of board and care homes, licensed and unlicensed, in nine States and the District of Columbia. Thousands of residents of these facilities were also interviewed about their socioeconomic status and the quality of life in their respective homes.

The Subcommittee on Health and Long-Term Care released its findings at a joint hearing with the Senate Special Committee on Aging and the House Aging Committee's Subcommittee on Housing and Consumer Interests. The Subcommittee concluded that the more than one million elderly, disabled and mentally ill currently residing in board and care homes in America are frequently the victims of fraud, neglect and abuse. Often warehoused and drugged, this vulnerable population is usually unaware that their rights to meals, care and protection can be circumscribed by unscrupulous home owners and uncaring or untrained home managers. Unfortunately, the Federal government, which bears most of the nation's $7 billion board and care bill through the Supplemental Security Income program, has no standards in place to protect this needy population. Regulation at the State level is spotty and the few laws existing are too often unenforced. The subcommittee's late Chairman, Claude Pepper, introduced legislation creating Federal minimum standards for board and care homes. Chairman Roybal is reviewing this legislation and plans to reintroduce it, with minor modifications, in the next Congress.

In 1990, the Subcommittee has again taken up its examination of conditions in board and care homes, reviewing all available literature and cases and conducting on-site inspections. The focus of this new probe is two particularly troubling aspects of board and care: (1) the use of chemical restraints on residents; and (2) the violation of fire safety standards.

Private long-term care insurance: Unfit for sale?

Because the Federal government has no long-term care program (with the exception of Medicaid, for the very needy), a growing number of Americans are purchasing a relatively new type of insurance product, private long-term care insurance. In 1987, about 125,000 policies were in force, but by 1989, that number had grown to over a million.

Along with this astronomical growth came serious questions about the adequacy and value of such policies, and whether regulation of the burgeoning industry was needed. Private long-term care insurance is a costly investment, witn 1989 premiums ranging from $250 to $7,0000 annually for various levels of care provided at different ages. The late Chairman of the Subcommittee, Claude Pepper, called upon the Subcommittee on Health and Long-Term Care and the General Accounting Office to conduct independent investigations of long-term care insurance.

The General Accounting Office's 1989 findings validated the Subcommittee's conclusion that long-term care insurance is simply not a good buy and adequate consumer safeguards are not in place. While properly regulated private long-term care insurance should have a role in filling coverage gaps in any public long-term care insurance program, the policies as presently constituted have many serious flaws.

For example, the vast majority of policies reviewed by the Subcommittee and GAO required a hospital stay of three consecutive days before benefit eligibility. Only one third of all elderly are ever hospitalized prior to nursing home placement. Just over half of the policies reviewed excluded coverage for mental disorders, including Alzheimer's disease, even though Alzheimer's is the leading cause of nursing home placement.

Despite the fact that many long-term care policies guarantee renewability, a clause contained in nearly all policies reviewed allows companies to cancel a policy for all policyholders in a particular State. And few long-term care policies' benefits are adjusted for inflation, although this country has seen an average six percent rise in nursing home care costs annually.

To summarize the GAO findings and its own, the Subcommittee released its report on long-term care insurance in May of 1989. The report recommended that long-care insurance be banned as primary coverage for long-term care or, in the absence of such a ban, that only those private long-term care insurance policies certified as meeting Federal minimum care standards, which need to be enacted in the near future, should be allowed to be sold. Also, the Subcommittee called upon Congress to make it a felony to perpetrate certain abusive sales tactics in the marketing of long-term care insurance.

Elder abuse: A decade of shame and inaction

Elder abuse, the physical, financial and psychological abuse of senior citizens in their own homes by loved ones and others entrusted with their care, is a disturbing phenomenon which affects an estimated 1.5 million annually. The incidence of elder abuse has increased significantly—by 50% since 1980. Today, about 1 in every 20 older Americans may fall prey to elder abuse each year.

Because elder abuse flies in the face of all that is good and decent, the American public for years has been reluctant to believe it exists. Most elder abuse victims, too, have difficulty admitting their loved ones are their abusers. The House Aging Committee, then, has for more than a decade worked to bring this problem to public awareness. Finally, in 1990, Chairman Roybal and advocates in the Senate succeeded at having funds appropriated for elder abuse prevention programs and for the long-term care ombudsman program, which concentrates on abuse of the elderly in institutions. However, much remains to be done.

Elder abuse is still woefully underreported, as a Subcommittee survey of the 50 States Adult Protective Service offices revealed. In 1989, only one in 8 cases of elder abuse came to the attention of appropriate authorities—this despite the fact that 42 States and the District of Columbia have enacted statutes or adult protective service laws making it mandatory that cases of elder abuse be reported by members of certain professions, like doctors or social workers. This surge of activity at the State level—only 16 States had such laws in 1980—is encouraging. However, the Subcommittee has found that State implementation and enforcement of these laws will not be accomplished in any meaningful way until Congress enacts legislation providing funding incentives to the States. In the absence of such funding (and, as noted, the stalemate has finally been broken with the new appropriation), the States have been hard pressed to carry out their elder abuse mandates. Since 1980, the primary source of Federal funding for elder abuse programs, the Social Services Block Grant, has been cut nearly a third by direct cuts and inflation. Faced with a rapidly growing incidence rate, the Federal government in the 1980s reduced its support of prevention, detection and treatment funding.

To review the period since the first elder abuse hearing, the Subcommittee in May 1990 held a hearing entitled, "Elder Abuse: A Decade of Shame and Inaction." The statistics presented in the proceeding paragraphs and others were released at that hearing in a comprehensive 88-page report by the same title, which also explored the causes of elder abuse, presented dozens of case examples and pointed to suggestions for reform.

The hearing featured testimony by victims of elder abuse, law enforcement officials and physicians who handle elder abuse cases, and public policy experts on the subject. The statements of these witnesses echoed the policy recommendations contained in the Subcommittee report: (1) that a coordinated national effort on elder abuse is needed, and that the Federal government should assist the States in their efforts to deal with this pervasive problem; (2) that Federal funding, through the Social Services Block Grant and the Older Americans Act Amendments of 1987 (in which sums were authorized but not appropriated until 1990), be increased to assist the States; (3) that assistance for those who care in the home for dependent and chronically ill family members is essential in preventing or reducing the incidence of elder abuse; and (4) that the States should consider enacting mandatory reporting legislation and otherwise upgrading their statutes to provide specific protections to the elderly comparable to those provided to children.

Congresswoman Mary Rose Oakar (D-Ohio) held a field hearing on elder abuse in Cleveland in December 1990. Victims of elder abuse, social workers, State and local officials, and physicians were among those testifying on the issue. Congresswoman Oakar is the sponsor of H.R. 220, the Prevention, Identification and Treatment of Elder Abuse Act of 1989, also sponsored by Chairman Roybal, which incorporates many of the Subcommittee's suggestions for reforms and would establish a National Center on Elder Abuse, as well as provide Federal funding for many State activities.

Breast cancer: A race for the cure

Breast cancer, a disease which kills 43,000 American women annually, is particularly threatening to elderly women. More than one fourth of its victims are over the age of 75.

The Subcommittee has held two previous hearings on breast cancer in the last six years. These sessions suggested that, if breast cancer were detected earlier, deaths could be reduced by 30-40 percent, saving 10,000 lives annually. The combination of breast self-examination, regular physical exams and mammography can be as effective, experts told the Subcommittee, in reducing breast cancer mortality as the pap smear has been in curbing deaths due to uterine cancer. Since the introduction of the pap smear 40 years ago, the death rate from uterine cancer has declined more than 70 percent. Regrettably, breast cancer death rates have continued to increase over the past six years with no expected decrease in sight. In 1985, 1 in 11 American women contracted breast cancer. In 1989, 1 in every 9 was affected by this illness. Breast cancer, then, is an ever-widening epidemic in the United States.

In part, the increase in breast cancer deaths can be attributed to the underutilization of early detection techniques. This problem is due to a lack of education in some cases, a lack of financial resources in others.

To examine the need for early detection and treatment, and to encourage expanded research efforts, the Subcommittee convened a panel of breast cancer victims, health care advocates and prominent researchers at a hearing in May 1990. The lead-off witness was Marilyn Quayle, wife of the Vice President. Mrs. Quayle lost her mother to breast cancer and is herself at risk for contracting the illness. Mrs. Quayle and her co-panelists discussed efforts to heighten public awareness of breast cancer and the pressing need for more research. Testimony from prominent researchers presented encouraging new developments, such as a possible link between dietary fat and breast cancer incidence, and advances in treatment, such as hormonal therapy.

GAO study, subcommittee analysis of quality of care outside hospitals

In March of 1990, Chairman Roybal released a report by the General Accounting Office, "Limited State Efforts to Assure Quality of Care Outside Hospitals," which probed the lack of regulatory oversight in "freestanding" facilities such as ambulatory surgical centers, cancer treatment centers, pain control centers, and alcohol and drug abuse treatment centers. The report concluded that comprehensive and far-reaching regulatory changes are needed to protect American consumers against potentially life-threatening, inadequate and inferior care they may be receiving in health care settings outside hospitals. The Subcommittee released its own analysis of the GAO findings, which included the fact that only two States actually require all types of health care providers known to be operating in their State to be licensed. Chairman Roybal is currently at work on quality assurance legislation for out-of-hospital care.

GAO, at subcommittee's request, analyzes proposals to ease medical eligibility rules for purchasers of private long-term care insurance

In 1989, Congresswoman Barbara Kennelly (D–Conn.) introduced legislation to authorize the Secretary of HHS to grant Medicaid waivers to pay for long-term care expenditures under State-sponsored, public-private long term care financing arrangements. Without such waivers, some expenditures under these plans could not otherwise be covered by Medicaid. The plans seek to replace out-of-pocket payments with private insurance coverage, so that low-income individuals can avoid spending down to Medicaid or, alternatively, can become Medicaid eligible without experiencing improvement.

Fearing that such a plan might benefit very few Americans, and then only the most prosperous, and that restrictions and exclusions contained in many long-term care policies severely limit their value to all consumers, the Subcommittee's late Chairman, Congressman Claude Pepper (D–Fla.), requested a thorough review of the situation by the General Accounting Office. The results of that study confirmed many of Pepper's suspicions and were the focus of a hearing conducted by a Member of the Subcommittee on Health and Long-Term Care, Congressman Henry A. Waxman (D–Calif.). This issue will no doubt continue to receive attention in the 102nd Congress.

Preventive health care and the elderly

Statistics demonstrate how cost-effective preventive health care can be. Every dollar spent on prenatal care saves nearly $3.40 that would otherwise be spent on associated infant health care. Immunizations for measles and mumps save over 14 times their cost. Greater awareness of hypertension and its control have led to a 40 percent decline in deaths from coronary heart disease and a 55 percent decline in stroke deaths between 1964 and 1984.

Except for certain limited vaccinations, Medicare does not pay for coverage of preventive treatments. On March 14, 1990, Ranking Minority Member Ralph Regula (R–Ohio) introduced H.R. 4269, along with the cosponsorship of Chairman Roybal and most of the Select Committee on Aging. The measure would require Medicare to consider coverage of preventive health services to the elderly and to cover such services deemed both cost-effective and quality-effective.

The Subcommittee held a hearing on Monday, September 10, 1990, in Canton, Ohio, to focus on the legislation and explore further the need for an expansion in the coverage of preventive health care by Medicare. Based upon findings of the hearing, the Subcommittee renewed its efforts for passage of the legislation, which enjoyed the support of more than 100 cosponsors. An initial favorable review was given by the Department of Health and Human Services. The proposal is expected to receive consideration in the 102nd Congress.

SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE, 101ST CONGRESS

Home

1. Medigap Insurance: The New Catastrophe, November 2, 1989.
2. Elder Abuse: A Decade of Shame and Inaction, May 1, 1989.
3. Breast Cancer: Race for the Cure, May 16, 1990.

Joint

1. Board and Care: A Failure in Public Policy, Washington, DC, March 9, 1989.

Field

1. Long-Term Care: The Critical Need, Philadelphia, PA, September 15, 1989.
2. Rising Medigap Rates: The Ohio Experience, Cleveland, OH, January 19, 1990.
3. Elder Abuse: The Massachusetts Perspective, Boston, MA, September 24, 1990.
4. Preventive Health Care and the Elderly, Canton, OH, September 10, 1990.
5. Elder Abuse: Curbing a National Epidemic, Cleveland, OH, December 10, 1990.

Committee prints

1. Board and Care Homes in America: A National Tragedy, March 1989.
2. Elder Abuse: A Decade of Shame and Inaction, April 1990.
3. Private Long-Term Care Insurance: Unfit for Sale?

SUBCOMMITTEE ON HOUSING AND CONSUMER INTERESTS MAJORITY REPORT

The Subcommittee on Housing and Consumer Interests is responsible for oversight and investigative activities relating to housing programs for older Americans and other programs and issues affecting older consumers.

Consistent with these responsibilities, and the other aging-related interests of the chairman and members, the subcommittee oversees the implementation of a score of Federal programs within its jurisdiction. These programs, many administered by the Department of Housing and Urban Development (HUD), include: the Direct Loans for Housing for the Elderly or Handicapped Program (Section 202); the Lower-Income Rental Assistance Program (Section 8); Public and Indian Housing Programs; the Congregate Housing Services Program; the Mortgage Insurance for Housing for the Elderly Program; the Home Equity Conversion Mortgage Insurance Demonstration Program (also known as the FHA-insured reverse mortgage program); and several other programs designed to provide shelter and assistance to elderly persons.

In addition, the subcommittee focused its attention on rural housing assistance programs administered by the Farmers Home Administration (FmHA), housing data collection programs, and continuing care retirement communities. Further, because of the interrelationship between energy problems faced by older persons and housing and consumer concerns, the subcommittee oversees the Low-Income Home Energy Assistance Program (LIHEAP) and weatherization programs administered by the Department of Health and Human Services (DHHS) and the Department of Energy (DOE), respectively.

In the area of consumer issues, the subcommittee's involvement largely focuses on the activities of the Food and Drug Administration (FDA), the Consumer Product Safety Commission (CPSC), the Federal Trade Commission (FTC), and consumer rights-related aspects of other Federal agencies and programs. These have included consumer issues encountered by older Americans in Federal health programs such as Medicare and Medicaid, consumer banking issues, and consumer issues related to purchasing private health and other forms of insurance. The subcommittee has also addressed numerous issues important to women as consumers, particularly in the health care arena. Finally, the subcommittee has played a role in shaping the Older Americans Act, including its Long-Term Care Ombudsman Program, which assists residents (consumers) of nursing homes and other long-term care facilities.

The activities of the Subcommittee on Housing and Consumer Interests were directed in the second session of the 101st Congress by Chairman Marilyn Lloyd (Third District, Tennessee). Chairman Lloyd succeeded Representative James J. Florio (First District, New Jersey) who served as chairman of the subcommittee during the first session of the 101st Congress, and who resigned his seat in January 1990 after being elected to serve as the Governor of the State of New Jersey.

Housing

In the 101st Congress, the subcommittee conducted one hearing in Washington, and three in the field, to learn more about the diverse housing needs and housing related concerns of older Americans. In addition, the subcommittee crafted three bills and issued a subcommittee print on housing related matters conceived to improve the quality and quantity of senior housing options in the Nation. The subcommittee closely monitored major housing authorizations and appropriations and successfully offered legislative language to the committees of jurisdiction. A brief description of some of the major projects undertaken by the subcommittee follows.

Aging in place

On February 27, 1989, Chairman Florio held a field hearing in Toms River, New Jersey entitled, "Aging in Place: Problems and Solutions for Older Residents of New Jersey." The Chairman investigated the changing housing and supportive services needs of persons as they grow older, usually in the same place where they spent their earlier years. Elderly witnesses made it clear that they preferred to remain in their own homes so that they could maintain a high degree of independence, and so that they could continue to enjoy their own belongings, long-term friendships, and familiar surroundings. However, testimony received by the subcommittee documented the increasing difficulties that frail elderly persons encounter while struggling to live independently without special support.

The subcommittee heard from older adults and experts on four primary issues: home health care, learning about cost-effective and humane ways to deliver services necessary to maintain independence and the cost of these services; congregate housing services, regarding the effectiveness of providing non-medical, in-home services to assist persons living in Section 202 elderly housing or public housing; home equity conversion, the concept of cashing in on the equity in a home, without having to leave the home; and life care communities, where elderly persons are assured that for so long as they wish, they will have a home or nursing home care in the community in exchange for an entrance payment and a monthly service fee.

Board and care homes

On March 9, 1989, Chairman Florio co-chaired a joint hearing with the late Chairman Claude Pepper of the Subcommittee on Health and Long-Term Care and Chairman David Pryor of the Special Committee on Aging to investigate the tragic living conditions that some residents of board and care homes experience. The subcommittee staff visited and prepared a report on board and care facilities in New Jersey, which supplemented a National survey that was prepared by Chairman Pepper, which provided examples of the abuse, neglect, and miserable conditions that are found in such facilities.

The subcommittee found that between 500,000 and 1,500,000 citizens reside in licensed and unlicenced board and care homes, and that the role played by the Federal Government in monitoring the quality of these facilities has been virtually nonexistent. Witnesses presented testimony about the grossly substandard care that endangers the health and mental well-being of residents.

As a follow-up to the hearing, Chairman Florio joined Senator Pepper in sponsoring the "National Board and Care Reform Act" (H.R. 2219) to provide minimum standards, require inspections of facilities, enforcement actions, and to provide improvement grants.

Senior housing needs in western Maryland

Chairman Marilyn Lloyd, with Congresswoman Beverly B. Byron, ranking Member of the Subcommittee on Housing and Consumer Interests, conducted a hearing in Hagerstown, Maryland, on July 16, 1990, to learn more about the special housing needs and housing related concerns of older citizens of the Sixth District of Maryland, which Mrs. Byron represents in Congress.

The subcommittee heard from elderly residents of Federally sponsored housing projects about the importance of affordable housing options for older adults and regarding the value of supportive services and meals in preventing unnecessary and premature institutionalization. Testimony documented the relative scarcity of affordable housing and the need for special services for frail elderly persons in Western Maryland.

Local housing and services providers documented the changing needs of tenants as they age in place, and the cost-effectiveness of linking supportive services with elderly housing. Additional testimony showed Federal support for elderly housing to be inadequate to meet the needs of the growing numbers of older adults in the community, and that the severe housing budget cuts which occurred during the Reagan Administration exacerbated this problem.

Senior housing: Oak Ridge, Tennessee

On August 16, 1990, Chairman Lloyd convened a hearing of the subcommittee in Oak Ridge, Tennessee, in her Congressional District, entitled, "Housing for Older Americans: A Perspective from Oak Ridge, Tennessee." Representative Lloyd was joined by her colleague on the Aging Committee, Congressman John J. Duncan, Jr., from Knoxville, to document the housing concerns of older Tennesseans.

The subcommittee heard about increasing numbers of older adults who are facing difficult decisions about the best type of housing to ensure security and continued independent living during retirement years, and about the limited options available for shelter for older households.

As was the case at the earlier subcommittee hearing in the State of Maryland, testimony was received indicating inadequate Federal support for housing and supportive services for the elderly. The subcommittee was also informed of the unique land shortage problems that exist in Oak Ridge as a result of the Federal Government's facilities located there. Service providers and older persons also discussed the effectiveness of in-home health and chore service assistance programs. Other witnesses discussed developing policies which encourage the coordination of government and the private sector to develop and implement solutions to these difficult problems.

Congregate housing services

Chairman Lloyd strongly supports the Congregate Housing Services Program (CHSP), as have previous Chairs, and actively advocated for better funding and expansion beyond the current 61 sites. Earlier hearings of the Subcommittee on Housing and Consumer

Interests have documented the effectiveness of this successful program that provides services to older adults in their homes. The CHSP, administered by HUD, provides meals and other supportive services to elderly and disabled residents of public housing and Section 202 projects who, because of their frailty, are at risk of being forced out of their homes and into institutional care. The CHSP was designed to address the diminishing independence of great numbers of older Americans who are "aging in place."

To provide additional supportive services in Federal housing, Chairman Lloyd introduced the, "Congregate Housing Services Act" (H.R. 4595). Her legislation recognizes the interrelationship between housing, human services, and long-term care. This legislation provides for an expanded and improved CHSP, will enable many more older adults to age with dignity in their homes by providing them with supportive services, and will save valuable Medicare and Medicaid funds.

There are 1.52 million older persons over the age of 65 in Federally-assisted housing, and of this population, 365,000 persons experience some form of frailty. Conservative estimates are that 43,000 persons have difficulties with three or more activities of daily living and are at great risk of institutionalization. H.R. 4595 provides a range of services including nutritious meals, transportation, personal care chore service, and case management.

Chairman Lloyd submitted testimony to Chairman Gonzalez in support of H.R. 4595, and was successful at incorporating language from her bill into the housing authorization bill, the "Cranston-Gonzalez National Affordable Housing Act of 1990" (S 566/Public Law 101-625), in the final days of the 101st Congress. This legislation creates a new matching program with States and local entities to provide supportive services. The act authorizes $25 million in fiscal year 1991 and $26 million in fiscal year 1992 for the new congregate services and retrofit programs.

Home equity conversion

Homes are the most commonly held and most valuable assets that older Americans possess; three out of four elderly persons own their own homes. It is estimated that 80 percent of these homeowners do not have a mortgage. However, despite the value of home equity held by the elderly, six out of ten of these homeowners are low-income or very low-income. When older Americans are house-rich but cash-poor, the demands of property taxes, insurance, home repairs, utilities, and health care can become overwhelming.

During the 101st Congress, Chairman Florio and Chairman Lloyd worked to expand the current HUD program to insure reverse mortgages for older adults. Chairman Lloyd successfully advocated expanding the number of HUD-insured reverse mortgages for older adults from 2,500, which was previously authorized in the Housing and Community Development Act of 1987, to 25,000, as provided in H.R. 3912, the "Reverse Mortgage Insurance of Older Americans Act, which she introduced. The expanded program included strengthened consumer protection provisions and was included in the "Cranston-Gonzalez National Affordable Housing Act of 1990" (S. 566).

The Chairman's legislation clarifies that each financial institution offering reverse mortgages must offer to the homeowner a full range of reverse mortgage options, and allows the mortgagor to switch from one type of reverse mortgage to another during the course of the mortgage. In addition, the bill clarifies that a homeowner may conserve part of the accumulated equity in the home, and addresses several issues relating to protecting the older consumer of these reverse mortgages.

Home repairs for the elderly

Although 75 percent of older Americans are fortunate enough to own their homes, and many of these persons will age in place in these homes, older homeowners have the highest level of substandard housing compared to other age groups. Older adults in substandard housing often face deplorable conditions that threaten their health, safety, and emotional well-being.

Senior citizens often rely on fixed incomes, and skyrocketing health care costs and increases in basic living expenses often leave little funds for routine repairs and modifications. In fact, 86 percent of low-income older homeowners expend 30 percent or more of their incomes for basic housing expenses such as mortgage payments, utilities, taxes and insurance. It is not surprising then that 59 percent of these owners are unable to devote any funds to routine repairs.

In the first session of the 101st Congress, Chairman Florio introduce legislation to address these repair needs. His bill, H.R. 3497, THE "Home Repairs for Older and Disabled Homeowners Act," authorized grants to assist older and disabled homeowners with home repairs to enhance their quality of life, and to help them remain in their homes.

At the beginning of the second session, this legislation was reintroduced (H.R. 3928) by Congresswoman Mary Rose Oakar, a Member of the Banking Committee, with Chairman Lloyd. Representatives Lloyd and Oakar continued to push for this important bill during 1990, and it was ultimately accepted as a model grant program under the HOME section of S. 566. It will provide the much needed funding for emergency and preventive repairs, security related repairs, repairs to enhance accessibility, and weatherization repairs, and will help to preserve our housing stock for future generations.

Section 202 housing

The Section 202 program is a vital and popular program for low-income older and disabled residents that has proven to be very successful. This program, which was first authorized in 1959, has evolved into the primary Federal financing vehicle for constructing subsidized rental housing for older adults and disabled Americans. The current 202 program provides direct loans to private, nonprofit sponsors to develop housing designated to meet the unique needs of low-income older adults and persons with disabilities. The program is also linked to the Section 8 certificate subsidy program in order to ensure that tenants do not pay more than 30 percent of their incomes for rent.

The Subcommittee on Housing and Consumer Interests worked with the University of Illinois at Urbana-Champaign, and the American Association of Retired Persons to produce and make available an excellent research project, "The 1988 National Survey of Section 202 Housing for the Elderly and Handicapped." This subcommittee print (Committee Publication Number 101-736) has been used by Congressional staff, aging and housing advocates, and the public to assess the effectiveness of the Section 202 program and measure the impact of changes in housing policy during the 1980's.

The study verified that there are simply not enough Section 202 units for our rapidly aging population. For every one unit that becomes available, there are eight seniors waiting to move in. The research documented the phenomenon known as "aging in place." the increased need for supportive services for aging tenants, and provides analyses of project designs. The Survey of 202 housing provides an important tool for senior housing advocates.

Chairman Lloyd and subcommittee staff have worked with the General Accounting Office on two studies regarding housing programs serving the elderly. The first involves an assessment of the processing delays in the Section 202 housing for the elderly and handicapped program. This study, referred to as the "pipeline" study, will be completed prior to the beginning of the 102nd Congress. The second study relates to the use of vouchers in housing programs by older Americans, and is ongoing.

Farmers Home Administration (FmHA) programs

The subcommittee continued oversight of the FmHA programs. These programs included the Section 515 program for the elderly and handicapped, the Section 504 housing preservation grant program, as well as congregate services in rural housing. Staff toured several Section 515 projects in Maryland and met with developers, managers, and residents of the projects. In addition, the subcommittee requested and received a detailee from the FmHA for three months. This person provided a comprehensive summary of FmHA programs, funding, and options for future legislative action, which were used in development of the congregate services legislation.

Housing for Indians

The Subcommittee remains committed to assisting older minority populations with housing and other needs, and has taken a special interest in issues affecting Native American Indians. Chairman Florio and other Members wrote to the Administration on Aging's Commissioner to express concern about regulations for grants to Native American Tribes under Title VI of the Older Americans Act. Their letter also expressed concern about potential funding reductions for Title VI.

The subcommittee issued a report titled, "The House Status of Indian Elders," authored by the staff of the National Indian Council on Aging. Chairman Lloyd sponsored a briefing concerning the status of the Nation's Indian elderly with Senator Adams, Cochran, and Pryor. Also sponsoring the event were Congressmen Kildee, Roybal, and Downey.

Housing appropriations

During both sessions of the 101st Congress the Chairmen worked with the Committee on Appropriations to secure higher funding for housing initiatives for older Americans. In the first session, Chairman Florio submitted testimony to the VA, HUD, and Independent Agencies Subcommittee during their consideration of the FY 1990 appropriations bill. The Chairman's testimony included documentation of massive cutbacks in Federal housing programs that have occurred since 1980. The Chairman also expressed concern that Federal programs are unable to provide for housing needs of low-income Americans.

In May, 1990, Chairman Marilyn Lloyd provided the Appropriations Subcommittee with testimony on senior housing issues, and called for new priorities. She shared information on the success of the Section 202 housing program for low-income older Americans and handicapped persons, and requested that the panel restore funding for a minimum of 12,000 Section 202 units with Section 8 rental assistance subsidies. In addition, the Chairman requested full funding for CHSP, $10 million for fiscal year 1991. Finally, Congresswoman Lloyd asked for $225,000 to be designated from the Secretary's Discretionary Fund for a homeless shelter in Chattanooga, Tennessee, to be used for homeless women; appropriations were subsequently provided for this project.

In October, 1990, Chairman Lloyd successfully advocated for higher funding for CHSP during the House/Senate conference over the VA, HUD, and Independent Agencies Appropriations bills for fiscal year 1991. Congresswoman Lloyd wrote and spoke to Chairman Traxler suggesting a funding level of $12 million for CHSP, based on the proven cost-effectiveness of the program, instead of the $7 million approved by the full House. The final bill included $9.5 million for CHSP in 1991, an increase of $3.6 million over the FY 1990 level.

Consumer interests

Health expenses

As Medicare and health care costs to individuals continue to skyrocket, the subcommittee has explored ways in which costs can be contained as well as ways that older adults can be protected from financial devastation due to these costs. While the cost of care provided in hospitals has been substantially restrained in recent years, the cost of physicians and other patient care continues to grow rapidly.

Chairman Florio and the General Accounting Office (GAO) released a study on the impact of state mandatory assignment provisions on Medicare beneficiaries. The study found that in the four states that have mandatory assignment laws: beneficiaries enjoy reduced out-of-pocket health care costs, Massachusetts beneficiaries saved $12.5 million in 1987; access to care has not been compromised, doctors did not quit the Medicare program or move away more frequently than in other states; and the laws did not lead to greater numbers of services per beneficiary, that is, there were no significant increases in service utilization.

This study also looked at 25 states with voluntary assignment programs initiated by medical societies since passage of the Massachusetts mandatory assignment law in 1985. In these states, there were no indications that voluntary programs reduce out-of-pocket costs. Staff has responded to numerous inquiries and met with interested parties about the study. In addition, the Chairman prepared an editorial regarding physician payment reform for publication.

On December 4, 1989, subcommittee member Congresswoman Jolene Unsoeld conducted a hearing in Vancouver, Washington, entitled, "The Future of Health Care for Seniors: Where Do We Go From Here?" Hearing Chairperson Unsoeld, with fellow Aging Committee Member, Representative Ron Wyden, heard from older adults from their Congressional Districts regarding priorities for changes to the Medicare and Medicaid programs. Witnesses identified specific gaps in coverage which cause them concern, such as coverage for outpatient prescription drugs, coverage for mammography, and expanded coverage of home health, hospice and skilled nursing-home care. In addition, the subcommittee heard from the Deputy Insurance Commissioner in Washington State, and from the Insurance Consumer Advocate in Oregon, on issues related to the purchase of private health insurance by older adults, common consumer abuses, and possible solutions to these problems. Congress has subsequently passed legislation to provide mammography through Medicare and improve standards for medigap insurance policies.

Generic drug safety

Chairman Marilyn Lloyd conducted a hearing of the subcommittee on March 1, 1990, entitled, "Rx for Generic Drug Safety: Accurate Information for Older Americans." The purpose of the hearing was to reveiw serious developments in the generic prescription drug industry, and to generate recommendations for older Americans who rely on generic drug products.

In the months preceding the hearing, serious breaches of integrity in the generic industry occurred. Fueled by intense competition among generic companies to receive marketing approval ahead of their rivals, some firms bribed Food and Drug Administration (FDA) officials or cheated on drug-approval tests. These fraudulent acts by officials in both the generic drug industry and the FDA seriously undermined the confidence of some physicians, pharmacists, and consumers in generic drugs as safe and effective alternatives to more expensive brand name products.

The subcommittee heard from the director of the FDA's Center for Drug Evaluation and Research on in-depth inspections of suspect firms. After analyzing more than 1,500 samples of products, the FDA concluded that currently marketed generic drugs are both safe and effective. Although the scandal raised serious questions about the generic drug industry and the FDA, consumers were reassured that the drugs themselves have held up under scrutiny. The subcommittee began work on a related project which would provide prescription drug guidelines for older Americans.

Caregivers

Chairman Lloyd conducted a hearing of the subcommittee in Chattanooga, Tennessee, on May 14, 1990, entitled "Mothers, Wives, and Daughters: Who is Caring for Tennessee Caregivers?" Together with Representative Bart Gordon, a Member of the Housing and Consumer Interest Subcommittee, she explored the issue of caregivers and documented the experiences of the people in the Third Congressional District, which she represents in Congress.

During this hearing, Congresswoman Lloyd focused on the experiences of caregivers, particularly women, who provided the majority of the care for families. The Chairman conducted the hearing the day after Mother's Day to pay tribute to mothers and to the tremendous amount of care they provide to their family members. Mothers, wives, and daughters provide 70 percent of the care that is given to children, parents, and spouses. American women spend an average of 17 years caring for children and 18 years assisting elderly parents and spouses.

Witnesses discussed related issues of low pension benefits, due to interrupted work history, and lower savings and Social Security benefits upon retirement. Representatives of community organizations discussed services that are available to assist caregivers, and the difficulties they have obtaining resources to fund adequate supportive services for deserving families. Finally, area employers discussed their efforts to implement innovative personnel practices to assist their employees who have caregiving responsibilities. The Chairman expressed her interest in pushing for responsible improvements in supportive services, such as respite care, funded by the Federal Government.

Women's health research

On July 24, 1990, Chairman Marilyn Lloyd conducted a Washington hearing of the subcommittee entitled, "Women Health Care Consumers: Shortchanged on Medical Research and Treatment" to examine the impact of medical research dollars on the quality of health care available to older women health care consumers.

Chairman Lloyd heard from women and their families regarding the tremendous physical, emotional, and financial costs associated with inadequate research on diseases that primarily affect females. In addition, witnesses discussed the implications of Federally-funded health research which often utilizes only men in clinical trials and the resulting gaps in knowledge necessary to determine optimal treatments for women.

The subcommittee also heard from women health care researchers and women's health advocates about the lack of women in senior research and policymaking positions. Chairman Lloyd accused the National Institutes of Health (NIH) of dragging their feet on implementing a 1986 policy to include women in clinical trials. The Chairman demanded that NIH take action immediately to improve research to better serve women, leading to better health care.

Less than two months after her hearing, NIH announced plans to increase the attention and resources devoted to research on women's health. Officials said a new "Office of Research on

Women's Health" would be established to ensure adequate representation of women in clinical research and to target research areas of particular concern to women. The Chairman expressed satisfaction with these initial steps, but vowed to monitor the implementation of changes at the NIH.

On a related matter, Chairman Lloyd introduced the "Breast Cancer Screening Safety Act of 1990" (H.R. 5899) with Congresswoman Patricia Schroeder. Their legislation would protect women consumers of health care from neglectful health care practices. This bill would lead to more accurate breast cancer diagnoses by compelling health care facilities to ensure that mammography is performed safely, with qualified personnel and equipment, and would deny health care facilities their accreditation for mammography procedures if they fail to meet important standards.

Rising out-of-pocket costs for health care

Chairman Lloyd directed the subcommittee to further examine the issue of rising out-of-pocket health care costs for older adults and to explore the implications of these increasing costs for elderly consumers at a hearing on October 29, 1990. The forum was entitled, "Rising Out-of-Pocket Health Care Costs for Older Americans: How Far Can Consumers Stretch Their Resources?" and it was conducted by Congressman Frank Pallone, Jr., in Toms River, New Jersey.

The subcommittee record includes statements by older victims of high health care costs and their advocates regarding specific areas of consumer concern. The issues discussed included the gap in coverage for long-term care services and the resulting hardships experienced by families, the high cost for pharmaceutical products and the lack of coverage, and the impact of the uninsured on our health care system.

In addition to learning about the priorities for improvements in Medicare coverage of area seniors, the subcommittee heard from the U.S. Bipartisan Commission on Comprehensive Health Care (the Pepper Commission). Staff of the commission described recent recommendations made to Congress. The New Jersey Commissioner on Health sent a representative to outline the findings of a recently completed study of priorities for health care improvements in New Jersey. Representative Pallone, and senior advocates, called for action to address these pressing concerns.

Closed-captioned television

The Chairman continued the work of the subcommittee to assist the hearing impaired, which include 38 percent of older Americans. Specifically, Chairman Lloyd reintroduced the "Public Access to Captioned Television Act of 1989" (H.R. 3993), to help make closed-captioned television more widely available to hearing-impaired individuals in Federally-funded nursing homes, hospitals, and universities as well as secondary and elementary schools.

Chairman Lloyd continued to work with organizations representing deaf and hearing-impaired individuals, and Chairman Markey of the Subcommittee on Telecommunications and Finance of the Energy and Commerce Committee. She was successful in including in the Americans with Disability Act a provision of H.R. 3993 requiring that all Federally-sponsored or funded public service announcements be captioned.

Surrogate decision making for adults

Due to the overwhelming response to a print on model guardianship standards, Chairman Florio prepared a subsequent report on this topic. The Chairman recognized the importance of model standards for the protection of older adults, representative payees, and guardians. Staff spoke to the National Guardianship Association and responded to numerous inquiries regarding the report.

Delayed annuity benefits for Federal retirees

Many Federal retirees have had to wait six months and longer to receive their first annuity checks after retirement. Due to delays in processing necessary paperwork, many retirees have experienced excessive delays in receiving their retirement checks. The delays caused undue financial hardship and emotional stress for retirees.

The procedure to receive retirement benefits has several steps. Personnel procedures require retiring Federal employees to complete an application with supporting documents and provide these to their Federal agency. The Office of Personnel Management (OPM) must wait for each retiree's agency to provide his or her records and supporting documents before they can authorize the first annuity check. Once this has been done, the Treasury Department processes the check, and the Postal Service delivers it.

In response to the delayed annuity benefits for Federal retirees, Chairman Florio introduced H.R. 1059, the "Fairness for Federal Retirees Act of 1989." Staff also assisted several Federal retirees who experienced delays in receiving their retirement checks. The subcommittee continues to monitor the processing of retirement paperwork to ensure timely payment of checks, and there is evidence that introduction of H.R. 1059 has motivated agencies to improve their performances, however, further measures may be necessary.

Congregate meals for older Americans

Congresswoman Lloyd introduced the "School-Based Meals for Older Individuals and Intergenerational Programs Act of 1990" (H.R. 5926), to expand the Congregate Meals Program authorized under the Older Americans Act (OAA). The Chairman developed this legislation based on the need to provide more congregate and home-delivered meals to needy older Americans. Research indicates that millions of seniors go without adequate nutrition and in many cases end up in expensive long-term care facilities simply due to a lack of adequate meals programs.

The Chairman's bill would address this large unmet need to provide more meals for the elderly, and would have the additional advantage of involving seniors with children in underutilized space in schools across the Nation. The program outlined in her legislation is based on a successful program, "SPICE," located in Seattle, Washington, which has been in operation for over 16 years. Not only would older adults be able to participate in an expanded meals program, but they would be in schools and would be able to offer a range of knowledge, talents, and experiences to the students of these schools.

Chairman Downey, of the Subcommittee on Human Services, joined Representative Lloyd in introducing this bill in the House. They intend this legislation to be considered as a part of the reauthorization of the Older Americans Act in 1991. Senator Brock Adams, Chairman of the Labor and Human Resources' Subcommittee on Aging, introduced a companion bill in the Senate.

Post-surgical eyeglases

Chairman Lloyd, with 25 cosponsors in the House, introduced legislation (H.R. 5736) to prevent the termination of coverage under Medicare for the eyeglasses necessary after modern cataract surgery.

In February 1990, the General Accounting Office (GAO) issued a report calling for administrative action to eliminate Medicare benefits for spectacles which are prescribed after cataract surgery in cases where an artificial intra-ocular lens (IOL) is implanted in the eye. The GAO argued that only the IOL should be considered prosthetic, a device which replaces a missing body part, and covered by Medicare.

On June 7, 1990, Chairman Lloyd, full Aging Committee Chairman Roybal, Retirement Income Subcommittee Chairman Hughes, and Task Force on Social Security and Women Chairwoman Oakar, wrote to Secretary Sullivan at the Department of Health and Human Services (DHHS) to express their concern about the possible withdrawal of coverage under Medicare for post-surgical eyeglasses. The Secretary responded by informing the Aging Committee leadership of his commitment to publishing a proposed notice on this issue, as officials at the DHHS prepared to implement the termination of the eyeglass benefit.

Congresswoman Lloyd organized a large coalition of aging advocacy groups and Members of Congress who demanded that current benefits be continued. The Chairman and advocates successfully argued that since it takes both an IOL and eyeglasses to restore vision to its greatest potential, both devices should be considered prosthetic and covered by Medicare. Legislative language based on H.R. 5736 was included in the Omnibus Budget Reconciliation Act of 1990, continuing coverage for the first pair of glasses after surgery, and preventing a cost shift of over $1 billion in additional out-of-pocket costs to the elderly over the next five years alone.

Other activities

The subcommittee worked with the American Association of Retired Persons on a report of a survey of state and local Long-Term Care Ombudsmen Programs. This report should be available early in the first session of the 102nd Congress, for use during the 1991 reauthorization of the Older Americans Act.

Chairman Lloyd joined full Aging Committee Chairman Roybal, Human Services Subcommittee Chairman Downey, and Retirement Income and Employment Subcommittee Chairman Hughes in writing to their colleagues in the House urging acceptance of the Democratic alternative to the 1991 budget which would minimize cuts to the Medicare program. The final budget agreement included the smaller Medicare cuts that they preferred.

Chairman Lloyd joined Subcommittee on Retirement Income and Employment Chairman Hughes and several colleagues on the Aging Committee in writing letters to the Chairman and Ranking Minority Member of the Budget and Appropriations Committees expressing strong support for higher funding for staff at Social Security Administration (SSA) field offices. Congress approved funds for 1,100 additional staff and granted SSA the flexibility to distribute its staff to high priority areas.

The Chairman signed letters to the Appropriations Committee supporting additional funds for the breast and cervical cancer prevention programs at the Centers for Disease Control, which were provided in the 1991 Labor/HHS/Education appropriations.

SUBCOMMITTEE ON HOUSING AND CONSUMER INTERESTS MAJORITY REPORT

Washington hearings in 101st Congress

Rx for Generic Drug Safety: Accurate Information for Older Americans, March 1, 1990.

Women Health Care Consumers: Shortchanged on Medical Research and Treatment, July 24, 1990.

Field hearings in the 101st Congress

Aging in Place: Problems and Solutions for Older Residents of New Jersey, February 27, 1989, Toms River, New Jersey.

The Future of Health Care for Seniors: Where Do We Go From Here? December 4, 1989, Vancouver, Washington.

Mothers, Wives, and Daughters: Who is Caring for Tennessee Caregivers? May 14, 1990, Chattanooga, Tennessee.

Senior Housing Needs in Western Maryland, July 16, 1990, Hagerstown, Maryland.

Housing for Older Americans: A Perspective from Oak Ridge, Tennessee, August 16, 1990, Oak Ridge, Tennessee.

Joint hearings in the 101st Congress

Board and Care: A Failure in Public Policy, a joint hearing with the Subcommittee on Health and Long-Term Care, and the Senate Special Committee on Aging, March 9, 1989.

Subcommittee prints in the 101st Congress

Model Standards to Ensure Quality Guardianship and Representative Payeeship Services, October 1989.

The 1988 National Survey of Section 202 Housing for the Elderly and Handicapped, December 1, 1989.

Rising Out-of-Pocket Health Care Costs: How Far Can Consumers Stretch Their Resources? (Briefing) October 29, 1990, Toms River, New Jersey.

SUBCOMMITTEE ON HOUSING AND CONSUMER INTERESTS MINORITY REPORT

Housing

Increasing the safety of housing for senior citizens

A major initiative of Ranking Minority member Jim Courter during the 101st Congress has been protecting senior citizens from crime. The Ranking Minority Member introduced two bills during the 101st Congress that will enhance the safety of seniors, whether they live in private homes or in Section 202 housing projects. H.R. 3495, the "Senior Citizens Safety Act of 1989," would have provided a tax credit of up to $250 for seniors to purchase residential security devices, such as alarms, locks, security lighting, or protective window bars. Through this federal assistance, seniors would be able to afford the kinds of improvements in their homes that can make the difference between safety and vulnerability.

The Ranking Minority Member also introduced H.R. 3494, the "Secure Senior Citizen Housing Act of 1989," which addresses the issue of safety in Section 202 housing. In recent years, the department of Housing and Urban Development (HUD) has implemented cost containment restrictions to keep down construction costs of subsidized housing. While some provisions relate to issues such as the size of rooms, the Aging Committee has received testimony about the denial of sprinklers and fire prevention systems because of cost containment provisions. To ensure that in an effort to cut expenses, the safety of senior citizens is not adversely affected, H.R. 3494 would prohibit HUD from establishing cost containment limitations that prohibit the inclusion of design features for the security of residents, such as locks and exterior lighting. In order to establish safety as a priority in senior citizen housing, H.R. 3494 also would have directed the Secretary of Housing to encourage the inclusion of appropriate security features in 202 housing.

The Ranking Minority Member submitted editorials to several newspapers on safety precautions senior citizens can take to reduce their vulnerability to crime and on his legislation to combat crime against senior citizens in their homes.

Fire safety

Ranking Minority Member Courter's concern for fire safety for senior citizens led him to introduce H.R. 5159, "Senior Citizen Fire Safety Act of 1990," which would have amended the Internal Revenue Code of 1986 to allow senior citizens a tax credit for half of any qualified fire safety device expenses. This bill would have gone a long way in insuring the safety of senior citizens particularly in the face of statistics which show that one fourth of the fatalities in home fires are over the age of 65.

Fair housing

Because of his commitment to providing adequate housing opportunities for senior citizens, the Ranking Minority Member has been closely monitoring the impact of the Fair Housing Amendment Act of 1988 (P.L. 100-430) on senior communities. The Ranking Minority Member cosponsored H.R. 646, introduced by Representative

Saxton, to extend the effective date of the transition period for the senior housing exemption contained in Public Law 100-430.

The Ranking Minority Member also cosigned a Congressional letter authored by Representative Shaw to Housing Secretary Jack Kemp in response to HUD regulations implementing Public Law 100-430. These regulations call for senior communities to seek exempt status from the prohibition on banning families with children on a case by case basis, rather than through a pre-certification procedure. In the letter, the members told Secretary Kemp that the HUD regulations failed to provide clear guidance to senior communities seeking exemptions, and would likely result in a flood of litigation and uncertainty for seniors. In his response, the Secretary maintained his belief that a pre-certification procedure was unnecessary, but Secretary Kemp assured the members that should the Department's experience with the enforcement of the housing for older persons exemption demonstrate that a pre-certification procedure would prove cost-effective, he would reconsider the appropriateness of establishing such a procedure.

Consumer issues

Access to health care

Long Term Care. The Ranking Minority Member cosponsored H.R. 3621, the "Older American Long-Term Care Insurance Act of 1989" which was introduced by Representative Rinaldo. H.R. 3621 would have encouraged the private insurance industry to offer affordable long-term care policies and provide incentives for individuals to purchase these policies.

Ranking Minority Member Courter also cosponsored H.R. 2499, introduced by Representative Kennelly, to permit states to include, at their option, certain long-term care services under their Medicaid plans.

The Medicare Program. During the first session the Ranking Minority Member actively fought cuts in Medicare payments to hospitals to ensure the availability of high quality health care for senior citizens. Representative Courter was an original cosponsor of H. Con. Res. 40, the "Protect Medicare 90" resolution introduced by Representative Nancy Johnson. This resolution would have called for a one year moratorium on cuts in Medicare payments to hospitals. The Ranking Minority Member also authored his own letter to the Chairman of the House Committee on the Budget, Mr. Panetta, expressing his strong opposition to cuts in Hospital payment rates for fiscal year 1990. Furthermore, the Ranking Minority Member cosigned a letter to President Bush with Representative Archer in opposition to cutting Medicare payments to Hospitals in fiscal year 1991.

To ensure that home health care remains a viable option in high cost areas of the nation, Ranking Minority Member Courter cosigned a letter drafted by Representative Gallo to the conferees on the Omnibus Budget Reconciliation Act of 1989 in support of accelerating the setting of regional Medicare payment rates for durable medical equipment instead of creating a national payment rate. The final conference agreement did not include the national fee gap.

Ranking Minority Member Courter cosigned Senator Lautenberg's letter to Secretary Louis Sullivan regarding the difficulties New Jersey Medicare beneficiaries have experienced in obtaining Medicare reimbursements through Blue Cross/Blue Shield of Pennsylvania. In the letter, the New Jersey Congressional delegation urged the Secretary to investigate this situation, which threatens to deny Medicare beneficiaries access to adequate health care. Representative Courter also consigned a letter drafted by Representative Pallone requesting Secretary Sullivan to dispatch a special team from the Health Care Financing Administration to resolve the Medicare reimbursement crisis being experienced by patients and physicians in New Jersey.

Ranking Minority Member Courter submitted remarks at the Subcommittee on Health and Long-Term Care hearing entitled "Medigap Insurance—The New Catastrophe" in which he expressed his concern that increases in Medigap costs will force many seniors to drop their supplemental policies and lose important protection from rising health care costs. He also expressed his concern about reports that some insurance companies may be using the repeal of the catastrophic care program as an excuse to raise rates above the levels necessary to compensate for additional coverage.

Deceptive mailings

The Ranking Minority Member has always been an opponent of the use of deceptive mail practices by organizations that try to cheat senior citizens by implying a connection with the federal government. Representative Courter was an original cosponsor of H.R. 373, the "Deceptive Mailings Prevention Act of 1989, introduced by Representative Snowe, to put a stop to this practice.

Elder abuse and neglect

The Ranking Minority Member submitted remarks to the conference hosted by the Gerontology Institute of New Jersey on "Elder Abuse and Neglect: A Model for Action." In his remarks the Ranking Minority Member discussed the progress the Committee has made in increasing the federal government's involvement in efforts to combat the abuse of elders. Mr. Courter commended New Jersey specifically for providing important protection to elderly in institutional settings through mandatory reporting requirements, and he called on the State to extend this protection to the elderly living in the community.

Preventative care for seniors

During the second session of the 101st Congress the Ranking Minority Member attended a field hearing in New Jersey. The Hearing was entitled "Preventative Care: The Basic Ingredient for Better Health in Older Americans." The panel heard testimony from a cross section of the health care industry regarding the benefits of preventative medical care. The minority staff also researched this issue and briefed the Ranking Minority Member on numerous occasions.

LIHEAP

The Ranking Minority Member believes that low-Income Home Energy Assistance Program (LIHEAP) provides critical assistance to needy senior citizens and he opposes the drastic cuts that have been made in the program's funding over recent years. In response to this situation the Ranking Minority Member cosigned a Congressional letter drafted by Representative Kildee to Representative Natcher in support of funding the LIHEAP program at no less than the fiscal 1989 services level of $1.4 Billion, and preferably at the higher fiscal 1988 funding level.

The Ranking Minority Member also submitted testimony at a hearing of the Energy and Commerce Subcommittee on Energy and Power on "Heating Oil and Propane Price Increases." In his testimony, the Ranking Minority Member expressed his concern that rising home heating oil prices will endanger low-income senior citizens, who are particularly vulnerable to hypothermia if not protected from the extreme cold. Representative Courter also urged the Subcommittee to address the issue of seniors who cannot meet rising fuel prices.

Representative Courter drafted a "Dear Colleague" letter at the beginning of the second session of the 101st Congress requesting signatures on a letter he was sending to Budget Committee Chairman Panetta and Ranking Minority Member Frenzel in opposition to the President's budget proposal to cut $340 million from the LIHEAP budget in fiscal year 1991. The minority staff was heavily engaged in soliciting these signatures.

Ranking Minority Member Courter wrote to the President of the New Jersey Fuel Merchants Association to encourage members of the Association to expand programs to aid low-income seniors who cannot afford rising heating oil prices and to publicize these programs so that seniors would be aware of this available resource.

Access to voting

In order to eliminate a major roadblock that prevents many senior citizens from voting in federal elections, the Ranking Minority Member cosponsored H.R. 180, the "Visually Impaired Voters Assistance Act of 1989" introduced by Representative Gallo, to require states to make enlarged print voting aids and ballots available in federal elections to visually impaired voters. This issue is particularly important to senior citizens, since among persons aged 67–74 one person in seven is visually impaired.

Other activities

The Ranking Minority Member continued his strong advocacy during the 101st Congress of repealing the Social Security outside earnings test, which unfairly penalizes senior citizens who possess the skills and experience that allow them to continue to make significant contributions to the overall productivity of this great nation. The Ranking Minority Member submitted remarks to hearings held by the Subcommittee on Retirement Income and Employment. The hearings were entitled "Better Utilizing an Older Workforce: Focus on Intergenerational Day Care." Representative Courter urged enactment of legislation he cosponsored with Representative Hughes.

H.R. 3079 would have exempted child care earnings from the Social Security earnings test for workers aged 65 and older. The Ranking Minority Member also urged the enactment of other legislation he cosponsored. H.R. 58 would have completely repealed the earnings test and would have removed this limit to older Americans freedom to work.

Ranking Minority Member Courter cosigned Representative Downey's letter to President Bush urging the President to convene a White House Conference on Aging in 1991 to focus on the special needs of senior citizens.

The Ranking Minority Member submitted a written statement for the record of the Committee on Aging hearing, "Waivers Under the Age Discrimination in Employment Act."

The Ranking Minority Member cosponsored H.R. 710, Representative Saxton's legislation to ensure equitable tax treatment of retirement benefits.

Ranking Minority Member Courter cosigned a letter drafted by Representative Kennelly urging the Energy and Commerce Subcommittee on Health and the Environment to act on S. 1998, the "Medicaid Long-Term Care Demonstration Waiver Act of 1989."

Representative Courter met with members of the New Jersey Hospital Association to discuss the impact the President's proposed fiscal 1991 budget would have on the access New Jersey residents, particularly Medicare beneficiaries, will have to high-quality health care services.

The Ranking Minority Member cosponsored H.R. 3158 which would have amended title 17 of the United States Code to permit the unlicensed viewing of videos in health care facilities such as a hospital, hospice or nursing home.

SUBCOMMITTEE ON HUMAN SERVICES

The Subcommittee on Human Services in keeping with its responsibility of overseeing all Federal human and social service programs for the elderly had an extremely productive two years.

As in the past, the Subcommittee's main focus was the upcoming reauthorization of the Older Americans Act, scheduled for 1991. With this in mind, the Subcommittee held a series of hearings on various issues of concern to the aging community and the aging network as they relate to the programs created by the Act. The most recent reauthorization of the Older Americans Act, which took place in 1987, has been called a "fine tuning," even though six significant new provisions were added. The 1991 reauthorization promises to produce a number of significant changes.

The Subcommittee, in addition to holding hearings, called as well as attended, a series of meetings and conferences with leaders of the aging community to discuss concerns, recommendations and suggestions for the 1991 reauthorization. The Subcommittee has stayed in close contact with the authorizing entities of both Houses, and looks to play a key role in educating Members of Congress for next year's activities.

Finally, the Subcommittee on Human Services also held several hearings that are not directly related to the Older Americans Act, but whose subjects are included in the purview of social and human service programs for the elderly and the bigger issue of long term care.

Below is a summary of the activities and initiatives of the Subcommittee on Human Services for the 101st Congress, 1989-1990.

Alzheimer's disease

The Subcommittee continues to view the care and treatment of Alzheimer's Disease victims and their families as a top priority. In 1990, the Alzheimer's bills introduced by the Ranking Minority Member Olympia Snowe and the Chairman of the Full Committee and co-sponsored by the Subcommittee Chairman Thomas Downey were combined into a major comprehensive bipartisan House-Senate bill, the "Comprehensive Alzheimer's Assistance, Research and Education Act." Sections of the bill were consolidated with other aging research bills and passed by Congress. Because of her concern about the need for quality assurance and specialized care for people with Alzheimer's Disease, the Ranking Minority Member is continuing to work with the Office of Technology Assessment on a study which she requested on special care units in nursing homes for dementia patients.

Caregivers

The Ranking Minority Member has long been concerned about the needs of individuals who care for frail, disabled family members. For the fifth year, she introduced a resolution which has been signed into law designating the week of Thanksgiving as "National Family Caregivers Week." During this week, family caregivers throughout the country are recognized for their invaluable contributions. Many groups, including national corporations and aging organizations, and state and area agencies on aging have taken the leadership in promoting activities during this week and in initiating programs to strengthen and support family caregivers throughout the year. As a followup to the November 1989 Congressional forum on elder care sponsored by the Ranking Minority Member and Senator Glenn, the Subcommittee Minority staff published a comprehensive print, "Sharing the Caring: Options for the 90s and Beyond," which has been in continual high demand, particularly by individuals in the academic and human services fields.

Deceptive mailings

The elderly are often targeted by misleading mail which falsely implies that it originates from or is endorsed by the Federal government. Often, these mailings confuse or alarm individuals by offering to provide a service for a fee which is, in fact, available free of charge from the Federal government. During the course of a Subcommittee hearing in Tom's River, New Jersey on Medigap fraud, the Subcommittee heard testimony from witnesses who expressed strong concerns about the problem of deceptive mailings designed to look like Medicare notices. Because of her continuing concern about these practices, the Ranking Minority Member reintroduced two bills addressing this issue. One bill would require disclaimers on mailings from nongovernmental organizations which could be misconstrued as having a Federal government connection. Legislation based on this bill was finally passed by Congress and signed into law in November of 1990. The other bill would require the Federal Trade Commission to study deceptive mail practices in conjunction with the sale of products or services related to government functions.

Drug use and drug utilization review

The first Subcommittee hearing of the 101st Congress addressed the growing problem of drug misuse and mismedication among the nation's elderly population. The hearing was held as a result of the HHS Inspector General's report calling the problem of drug misuse among the elderly "the nation's other drug problem." A related issue raised by the Inspector General's report and the hearing concerned the status of guidelines of premarket clinical testing of drugs among the elderly and the provision of adequate labeling information regarding the use of drugs for elderly patients. The Chairman and other Members expressed their concern that the Food and Drug Administration was taking an inordinately long time to develop these initiatives. The Chairman continued to follow up on these issues, and on March 5, 1990, the FDA published the guidelines for comment in the *Federal Register*. In November of 1990, the Food and Drug Administration proposed that information about the effects of prescription drugs in persons over the age of 65 be included in the drugs' physician labeling. This proposal is an important step in the ongoing effort to end the drug misuse problem among the nation's elderly.

The Subcommittee also held a hearing later in the year on the more specific issue of Drug Utilization review (DUR) to determine whether the Health Care Financing Administration was following Congressional intent in the now repealed Medicare Catastrophic Coverage Act. The focus of the hearing was a report prepared by the General Accounting Office which expressed reservations about the adequacy of the Health Care Financing Administration's plans to implement the DUR requirement. As a follow up to the hearing, the Chairman and the Ranking Member requested that the General Accounting Office continue to evaluate HCFA's efforts in this area. When the repeal of the Medicare Catastrophic Act made the DUR issue moot, the Chairman and Ranking Member asked GAO to modify its study to examine existing drug utilization programs undertaken by state governments. In October of 1990, information from this study was supplied under a special request to the Chairman and Ranking member in order to assist the budget reconciliation conferees in developing a Medicaid DUR provision. The GAO study is now being completed and will be the focus of Subcommittee action when it is published. The study may also provide the basis for legislation to be introduced in the 102nd Congress. In addition, Subcommittee staff participated in a special session of the Drug Policy and Pharmacy Services Committee of the American Public Health Association on prescription drug issues under Medicaid.

In addition, Subcommittee member Rep. Constance Morella (R-MD) held a field hearing on the topic of drug misuse and mismedication by the elderly in her Congressional District.

Intergenerational

The Chairman's role as Acting Chairman of the Subcommittee on Human Resources of the House Ways and Means Committee, has enabled him to generate and promote a variety of intergenerational initiatives. As Chairman of the Advisory Board of the National Center of the Family Friends Program, a project of the National Council on the Aging, the Chairman wrote legislation in 1989 which authorized $1 million for ten model programs for Family Friends throughout the nation. In addition, the appropriation level for FY 91 was $500,000 for Family Friends.

The Chairman has also joined as a original cosponsor to legislation introduced by Rep. Marilyn Lloyd (D-TN) entitled, "School Based Meals and Intergenerational Programs Act of 1990." This bill would amend the Older Americans Act to provide nutrition services and intergenerational activities in elementary and secondary schools, and it is modeled after a successful program in Washington State.

Two bills for intergenerational programs were introduced by the Ranking Minority Member. The intent of one bill was included in the reauthorization of the Library Services and Construction Act Amendments of 1989. It included as a priority for State plans the assisting of libraries in developing intergenerational programs for matching older adult volunteers with libraries for developing after school literacy and reading skills program for unsupervised school children during after school hours. The other bill, amending the Domestic Volunteer Service Act, established additional programs of national significance under the Older American Volunteer Programs, such as for respite care and literacy and reading skills training for latchkey children. The final legislation, which was signed into law, included the intent of the bill.

Mental health in nursing homes

The Chairman of the Subcommittee on Human Services was asked to cochair a Full Committee hearing that focused on the barriers and solutions to mental health care within our nation's nursing homes.

Medigap fraud and abuse

In response to a request from Subcommittee member Rep. Frank Pallone, the Subcommittee held a hearing on the problem of Medigap Insurance Fraud and Abuse in Tom's River, New Jersey. The hearing highlighted community based and voluntary efforts to combat Medigap fraud.

In addition, another Subcommittee hearing, on the unfunded programs in Title III of the Older Americans Act, held in Rochester, New York at the request of Congressman Louise Slaughter, uncovered similar concerns about Medigap fraud. The Chairman joined Congresswoman Slaughter in introducing legislation to create a new program for medical insurance counseling under the Older Americans Act.

Osteoporosis

For the fifth year, the Ranking Minority Member introduced a resolution which established the week of Mothers Day in 1989 and 1990 as National Osteoporosis Prevention Week. In 1990, the Ranking Minority Member introduced two osteoporosis bills. One bill would greatly expand and intensify biomedical research; establish an external advisory panel of experts and a coordinating council within HHS; establish an information resource center and demonstration health promotion and education programs. The other bill would expand Medicare reimbursement to cover diagnostic bone mass measurement technology for four limited target populations. Major portions of the first bill were included in the NIH reauthorization bill reported out of the Full Energy and Commerce Committee, but the bill was stripped significantly before being considered on the floor.

The Ranking Member and Chairman joined in a request to the Congressional Office of Technology Assessment to carry out a study of "Policy Issues in the Prevention and Treatment of Osteoporosis." The Chairman, Ranking Member and other requesters noted the need for accurate information about the cost to the Nation of osteoporosis, projections of future costs, and who pays the costs.

In addition, OTA was asked to look at the status of community services that are needed to assist osteoporosis patients and their families. OTA is currently proceeding with this report and convened a meeting of its Advisory Panel for the project on July 24, 1990.

Rural health

The Ranking Minority Member held a field hearing in her Congressional District which examined the challenges and innovative alternatives for rural hospitals, clinics, community-based services and health care personnel.

Older Americans Act hearings and activities elder abuse

In 1989, the Subcommittee held a hearing commemorating the tenth anniversary of the Select Committee on Aging's involvement with prevention and treatment of elder abuse. This hearing served to illustrate how the Federal government has clearly not done ten year's worth of work, and that the states have clearly taken the lead in an attempt to combat the growing and tragic problem of abuse of the elderly. At the hearing, the Subcommittee also learned the results of a study of the incidence of elder abuse in Suffolk County, New York. Several witnesses expressed concern about the need to evaluate mandatory elder abuse reporting laws.

The Chairman requested that the General Accounting Office present a report on mandatory vs. voluntary reporting of elder abuse and its impact on the treatment and prevention of elder abuse. The Subcommittee staff has met with the staff of Secretary Sullivan's Task Force on Elder Abuse in an effort to exchange ideas and share information of use in the prevention and treatment of elder abuse. Subcommittee staff has also met with state and local government and agency officials who work in the field of adult protective services and ombudsman programs to explore numerous issues affecting the rights of the elderly. These meetings will continue in the 102nd Congress.

White House Conference on Aging

The Subcommittee held a hearing in late spring of 1989 on a possible 1991 White House Conference on Aging. As the Subcommittee has played a critical role in past White House Conferences, this hearing was held as an exploratory measure to learn how and when such a Conference would be held. This hearing featured representatives of the Administration as well as distinguished leaders of the aging community. As a follow up to this hearing, the Chairman of the Subcommittee circulated a letter to the President which was signed by 92 Members of Congress urging the President to call for the 1991 Conference as mandated by the 1987 Amendments to the Older Americans Act. In addition, the Chairman held a press conference with representatives of the National Aging Leadership Council urging that this Conference be called.

While $1 million was included in the budget from Title IV of the Older Americans Act for such a Conference in FY 1991, to date no conference has been announced. The Subcommittee continues to receive numerous inquiries each month from state and area agencies on aging, as well as interested individuals, regarding the status of the White House Conference on Aging.

Special elderly populations

Since the Older Americans Act was first passed in 1965, older Americans, their service providers, and advocates have become increasingly aware of the great diversity among the population of individuals over 60. As the number of people over 60 grows, this diversity creates special difficulties for human service providers. The Older Americans Act has, through its numerous amendments, expanded its range and focus to take account of these changes.

The Subcommittee held a hearing in the summer of 1989 in conjunction with the 14th Annual Training Conference on the National Association of Area Agencies on Aging. This hearing emphasized the special needs of the diverse groups that make up the aging population, including women, the frail elderly, the homeless, older workers, mentally ill individuals and members of ethnic minorities. The Subcommittee learned that area agencies on aging are moving ahead and developing specific programs to meet these needs and, in the absence of adequate Federal support, have developed, often with great difficulty, alternate sources of financial support.

In addition, the Subcommittee held a field hearing in Clearwater, Florida which specifically focused on the very special needs of the frail elderly. With its large concentration of elderly people, Florida has become a laboratory for aging policy. As the Subcommittee learned, many of the problems which Florida aging service providers face today will confront service provides in other states in the not too distant future. This is particularly true in the case of in home services for frail, elderly individuals. The subcommittee heard firsthand of the fiscal strain these services place on state and local agencies for the aging.

SSI outreach

The Chairman of the Subcommittee held a field hearing in his Congressional District on the subject of SSI outreach. This hearing was held in order to share ideas with leaders in the Suffolk County and New York City aging community on how outreach to eligible individuals for SSI might be improved. This hearing was held together with the New York State Assembly Standing Committee on Aging.

As a follow up to this hearing on SSI, the Chairman worked with the Health and Welfare Council of Nassau County and with the Suffolk County Office on Aging to develop new SSI outreach programs on Long Island. Both of these projects are currently underway.

Health promotion and education

This hearing was held in Rochester, New York at the request of Subcommittee Member Rep. Louise Slaughter, author of the health promotion provision of the 1987 amendments to the Older Americans Act. This provision, like others, was never funded because the total appropriations for the Older Americans Act never reached the appropriate "trigger." Because health education and promotion is a key preventive measure for older Americans, this hearing was held to illustrate how important it is that this issue be examined during the upcoming reauthorization process.

Because of her recognition of the need to expand health promotion and wellness programs for older persons, the Ranking Minority Member cosponsored a Congressional forum in June, 1990, in conjunction with Senator Glenn and the Administration on Aging. The forum featured leading experts from medical, scientific research, business and aging organizations.

Implementation of the Older Americans Act Amendments of 1987

As indicated above, the last reauthorization of the Older Americans Act occurred in the 100th Congress. Since the adoption of the 1987 amendments, many Members of Congress and people in the aging community had expressed concern at the slow pace of implementation of those amendments by the Reagan and Bush Administration.

Shortly after he became Chairman of the Subcommittee, the Chairman took up the issue of upgrading the status of the Commissioner of the Administration on Aging by having the Commissioner report directly to the Secretary of the Department of Health and Human Services. He noted that it was the intent of Congress that the Administration on Aging not only be the lead Federal agency and the Commissioner on Aging be the lead Federal official advocating for the elderly; but also the Administration on Aging be able to control its own budget and programs. The Chairman raised the issue of the status of the Administration on Aging directly with the Secretary of HHS in a private meeting.

In order to lay the basis for the upcoming reauthorization, the Subcommittee on Human Services held two hearings that specifically focused on the implementation of the 1987 Amendments of the Older Americans Act. The first hearing featured the Commissioner of the Administration on Aging who reported on the progress made by the Administration, and its goals for the future. The Subcommittee expressed its appreciation of the efforts to implement the 1987 amendments by the then newly appointed Commissioner on Aging. The second hearing was a similar hearing but featured representatives of the aging network who presented their organization's position statements if available on issues of concern for the upcoming reauthorization.

Public private partnerships

The Subcommittee held a hearing on a topic that is rapidly gaining national attention: public private partnerships as they relate to aging programs. Because of the growing number of elderly people in this nation and the continuously dwindling resources, senior programs funded in part by Federal, state and local governments are looking to the private sector for assistance.

In addition, the Commissioner on Aging had issued a Program Instruction (PI) for state and area agencies on aging regarding Elder Care programs in April of 1990. This PI elicited much discussion among the aging community and was also considered during the hearing. The issue of public private partnerships is one that will surely be part of any discussion of reauthorization in 1991.

Title IV, research, training and demonstration projects

During the past ten years, the funds appropriated for research, education and training under the Older Americans Act have been reduced by half. This drastic cut has severely diminished the National commitment to research on aging issues from the behavioral and human service perspective. Furthermore, the Chairman was concerned that the ability of the Administration on Aging to disseminate actively the results of its projects was minimal. Therefore, the Chairman requested the General Accounting Office to carry out a study of the dissemination efforts of the Administration on Aging.

The Subcommittee concluded its hearing series of the 101st Congress by holding a hearing on Title IV of the Older Americans Act. This hearing was held to educate Subcommittee members on how effective the programs under this Title have been implemented with an eye towards how we can work to improve data collection and dissemination. The General Accounting Office presented its report in the form of testimony at this hearing. There was common agreement among the witnesses that greater attention had to be paid to the Title IV programs if they were to have any impact on the aging community.

International Aging Issues

The Chairman has expressed interest in learning more about the ways other nations structure their programs for their elderly populations in exchanging ideas on aging issues in general.

During the course of a visit to Sweden, the Chairman visited housing projects and service programs for the elderly. The Chairman also arranged a briefing on aging and other social service issues for parliamentary members of the Swedish Social Democratic party, who were on a visit to the United States.

The Chairman and staff met with a Fellow of the Institute of U.S. Studies of the Academy of Sciences of the USSR to discuss social services issues. The Chairman followed up by setting up a number of meetings, including one with the U.S. Commissioner on Aging. In addition, the Chairman is assisting a New York non-profit organization its efforts to set up a formal exchange program and dialogue with intergenerational programs in the Soviet Union.

Reports and studies

In addition to hearings, the Subcommittee has undertaken a series of studies and has requested reports on a variety of ongoing oversight issues.

(1) The Subcommittee has requested a General Accounting Office study on mandatory vs. voluntary reporting of elder abuse as it relates to the prevention and treatment of the problem.

(2) The Ranking Minority Member initiated a comprehensive GAO study regarding the Older Americans Act, with a major emphasis on the status of the Commissioner on Aging within the Department of Health and Human Services. In addition to the Subcommittee, the study was requested by the Full House Select Committee on Aging; the Senate Subcommittee on Aging, the Senate Committee on Labor and Human Resources, and the House Committee on Education and Labor. This study follows the Subcommittee's long history of concern about this issue and will provide important information for the 1991 reauthorization of the Older Americans Act. The study will also focus on the impact on the needy elderly of resources directed to them by AOA, with an emphasis on low income minority participation in AOA programs; and how AOA has provided technical assistance and oversight through state and area agencies on aging.

(3) The Subcommittee Chairman and Ranking Minority Member have requested from GAO a study on drug utilization review which includes the collection of comprehensive information on the Medicaid Prescription Drug Program in all 50 states as well as other entities.

(4) The Subcommittee has requested that the General Accounting Office provide a report on state plans on elder care, as a follow up to the Subcommittee hearing on public private partnerships.

(5) The Subcommittee is in the process of tabulating results of a questionnaire sent out to all State Units on Aging and a random sampling of Area Agencies on Aging on the issue of mandatory vs. voluntary cost sharing for services that fall under Title III of the Older Americans Act.

(6) The Subcommittee collected and produced a print commemorating the 25th anniversary of the Older American Act, which was comprised of papers from present and past leaders in the Federal government, aging community and network.

(7) The Subcommittee requested a brief evaluation from the Congressional Research Service of the legal issues involved in developing public private partnerships.

Subcommittee staff activities

The Subcommittee staff participated in conferences, workshops, and meetings in Washington, D.C. and across the nation in order to collect and share information with regard to reauthorization of the Older Americans Act and other issues of concern. Among these were:

Administration on Aging;
Brookdale Center on Aging;
Catholic Golden Age;
Institute of U.S. Studies, Academy of Sciences, USSR;
National Association of Area Agencies on Aging;
National Association of State Units on Aging;
National Association of Nutrition and Aging Service Providers;
National Association of Social Workers;
Virginia Commission on Aging;
National Council on Aging;
Jefferson Area Board for Aging;
Texas Adult Protective Services Conference;
Federal Council on Aging;
Gerontological Society of America;
American Society on Aging;
Three Feathers Associates;
American Public Welfare Committee;
New York City Department for the Aging;
AARP;
National Italian American Foundation;
National Institute on Aging;
Alabama Cooperative Extension;
Family Friends;
National Institute of Senior Centers;
National Indian Council on Aging;
Nebraska Governor's Conference on Aging;
Suffolk County Office on Aging;
National Committee for the Prevention of Elder Abuse;
New York City Conference on Elder Abuse;
New York City Mayor's Alzheimer's Conference;
Workforce 2000;
National Institute on Aging Advisory Panel on In Home Services; and
American Public Welfare Association

Hearings

April 19, 1989—Drug Misuse Among the Elderly and Its Impact on Community Based Care.

June 7, 1989—Elder Abuse: An Assessment of the Federal Response.

June 26, 1989—1991 White House Conference on Aging: Options and Strategies (joint hearing with full committee).

July 19, 1989—Expansion of Community Based Services to Special Populations.

August 1, 1989—Drug Utilization Review: Is HCFA Following Congressional Intent?

August 3, 1989—Mental Health in Nursing Homes: Barriers and Solutions (joint hearing with full committee).

February 7, 1990—Foundation for Aging Policy in the 90's: The 1987 Older Americans Act Amendments.

March 27, 1990—Implementation of the Older Americans Act Amendments of 1987, the Aging Network.

June 5, 1990—Public Private Partnerships: The Opportunities, the Risks.

September 11, 1990—"To Expand the Nation's Knowledge and Understanding of Aging: Has the Older Americans Act Fulfilled its Promise?"

Field hearings

June 23, 1989—Drug Use and Misuse Among the Elderly, Rockville, Maryland.

September 18, 1989—Health Care for the Rural Elderly: Innovative Approaches to Providing Community Services and Care, (joint hearing with Senate Aging Committee) Bangor, Maine.

October 2, 1989—SSI Outreach: Is the Federal Government Doing Enough?, (joint hearing with New York State Assembly Standing Committee on Aging) Central Islip, New York.

March 5, 1990—Meeting the Needs of the Frail Elderly, Clearwater, Florida.

June 11, 1990—Older Americans Act: Health Promotion and Other Unfunded Title III Programs, Rochester, New York.

Committee prints

May 1989—International Perspectives on Osteoporosis (joint workshop with Senator Grassley, Senate Special Committee on Aging).

November 1989—Sharing the Caring: Options for the 90's and Beyond (joint policy forum with Senate Special Committee on Aging) (committe print).

July, 1990—A Compendium of Papers Honoring the 25th Anniversary of the Older Americans Act (committee print).

September 15, 1990—Medigap Fraud and Abuse: How Can Communities Stop These Problems? Tom's River, New Jersey (briefing) (committee print).

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